

The Commonwealth of Massachusetts

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ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1928

THE EIGHTY-EIGHTH ANNUAL REPORT OF THE HOSPITAL
FOUNDED IN 1839 BY THE CITY OF BOSTON



BOSTON STATE HOSPITAL

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TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council:

The trustees of the Boston State Hospital have the honor to submit herewith their twentieth annual report covering the year ended November 30, 1928. The trustees have maintained their general oversight of the condition and conduct of the hospital, receiving at each meeting a detailed written report from the Superintendent and making through their committees a monthly inspection of the premises and patients. They are satisfied that the condition of the hospital and the efficiency of its work are on as high a plane as resources permit. The operations of the year are fully described in the accompanying report of the Superintendent.

The death of Mr. William F. Whittemore, on December 20, 1927, terminated a long service to the Commonwealth and was a very great loss to this Board. Mr. Whittemore was for many years a member of the former State Board of Insanity, and when he became a trustee of this hospital in 1917, he brought a valuable experience in matters related to the care of the insane. He had a warm personal interest in the welfare of the patients and a deep sense of responsibility in the problems of administration. He also served as treasurer of the Occupational

Centre at Hopkinton, which is performing a useful service for former patients. His friendship was valued highly by all his colleagues on this Board.

The vacancies caused by the death of Mr. Whittemore and the resignation of Mr. Watchmaker, in February, 1927, have not yet been filled.

PATIENTS UNDER THE CARE OF THE TRUSTEES.

At the beginning of the year there were 2,201 patients in the hospital, 10 in private care, and 190 on visit or escape. At the close of the year the total number was 2,443, of whom 2,224 were in the hospital, 9 were in private care, and 210 on visit or escape.

COST OF MAINTENANCE.

The amount allowed for maintenance for this year by the General Court was \$851,370.00, to which should be added \$25,773.10 brought over from the previous year. By strict economy in operations the total expenditures, including unpaid liabilities, were \$853,031.87. The average daily number of patients was 20.30 in excess of the number on which the appropriations were based. The average daily percentage of vacancies among all employees was 5.78, as compared with 6.73 for the preceding year. Unexpected defects in one loop of the steam mains required immediate attention, and an allowance of \$20,000 for this purpose was granted from the Governor's contingent fund.

ESTIMATES FOR MAINTENANCE.

The following are the estimates for the amount needed for maintenance for the ensuing year on the established salary scales and the established per capita allowances for a population of 2,250:

Personal Service	\$465,662.50
Religious Instruction	2,080.00
Travel, Transportation, etc.	7,930.00
Food	212,701.50
Clothing and Materials	33,825.00
Heat, Light and Power	75,142.00
Medical and General Care	31,140.00
Furnishings and Household Supplies	44,400.00
Farm	7,969.34
Garage, Stable and Grounds	8,757.02
Repairs, Ordinary	21,000.00
Repairs and Renewals	17,843.00
Total	<u>\$928,450.36</u>

NEW CONSTRUCTION.

The last General Court appropriated \$180,000.00 for a new administration building. The plans for the building still await final approval. There was also an appropriation of \$13,000.00 for the extension of steam lines to serve this new building.

HENRY LEFAVOUR,
KATHERINE G. DEVINE,

CHARLES B. FROTHINGHAM,
EDNA W. DREYFUS,

J. WALDO POND,

NOVEMBER 30, 1928.

Trustees.

SUPERINTENDENT'S REPORT.

To the Board of Trustees of the Boston State Hospital:

The following is a report of the activities of the hospital for the statistical year ending September 30, 1928, and the fiscal year ending November 30, 1928. Founded by the City of Boston in 1839, this marks the completion of its eighty-ninth year as a hospital for mental diseases, and the twentieth year of its history as a State institution.

MOVEMENT OF POPULATION.

The census of the hospital on September 30, 1927, was as follows: in the wards, men, 935, women, 1,247, total, 2,182; at home on visit, men, 80, women, 114, total, 194; boarding out, men, none, women, 10; and out on escape, men, 5,

women, none; making a total of 2,391, 1,020 men and 1,371 women, in the custody of the hospital.

Three hundred and fifteen men and 351 women, a total of 666, were received during the year. This included the following: first admissions as insane¹, men, 190, women, 221, total, 411; readmissions as insane², men, 38, women, 43, total, 81; first admissions, temporary care, men, 40, women, 38, total, 78; readmissions, temporary care, men, 21, women, 32, total, 53; and transferred from other institutions³, men, 26, women, 17, total, 43. Three hundred and thirteen cases, including 143 men and 170 women, were discharged during the year. Fourteen men and three women, a total of 17, were transferred to other institutions. One hundred and eleven men and 145 women, a total of 256, died during the year.

The census on September 30, 1928, was as follows: in the wards, men, 975, women, 1,291, total, 2,266; at home on visit, men, 79, women, 103, total, 182; boarding out, men, none, women, nine; and out on escape, men, 4, women, none; making a total of 2,461, 1,058 men and 1,403 women, in the custody of the hospital.

The total number of cases treated during the year was 3,057, 1,335 men and 1,722 women.

The average daily number of patients for the statistical year was: men, 1,048.22, women, 1,381.54, total, 2,429.76. The average daily number in the wards was: men, 963.76, women, 1,259.21, total, 2,222.97, or 91.49% of the whole number. The average daily number at home on visit was: men, 81.18, women, 112.69, total, 193.87, or 7.98%. The average daily number boarding out was: men, none, women, 9.64, or .40%. The average daily number out on escape was: 3.28, all men, or .13%. The average daily number of committed cases was 948.01 men, 1,251.99 women, total, 2,200.00, or 98.97% of the number in the wards. There were no voluntary cases during the year. The average daily number of emergency cases was: men, .022, women, .016, total, .038, or .001%. The average daily number of temporary care cases was: men, 15.75, women, 7.22, total, 22.97, or 1.03%. The average daily number of cases under complaint or indictment was: men, 11.41, women, 2.10, total, 13.51, or .61%. Attention should be called to the fact that the average daily number given above for temporary care cases includes emergency cases and those under complaint or indictment. The average daily number of epileptics was: men, 14.40, women, 15.99, total, 30.39, or 1.37%. The average daily number of tuberculous patients was: men, 9.26, women, 36.00, total, 45.26, or 2.04%. The average daily number of reimbursing cases was: men, 86.22, women, 198.31, total, 284.53, or 12.80%. The average daily number of cases supported by the State was: men, 877.54, women, 1,060.90, total, 1,928.44, or 87.20%. The average daily number of ex-service patients was 57.00.

The recovery rate, based on the number of all first admissions (489), was 16.36%; based on the total number cared for during the year (3,057), 2.61%; based on the average daily number in the wards (2,222.97), 3.59%; and based on the total number of admissions for the year (666), 12.01%.

The death rate, based on the total number cared for during the year, was 8.37%; and based on the average daily number in the wards, 11.51%. The death rate of the hospital is unusually large when compared with that of other hospitals of a similar character, as about 35% of the population is of the infirmary type, and nearly 10% represents actual bed cases. This is due to the fact that the acutely ill, the senile and the infirm cases from the city cannot be readily transported to distant places, and are therefore committed to the Boston State Hospital. It is obvious that for the same reason too much significance should not be attached to the recovery rate. Of a total of 1,556 patients dying in the hospital during the period of eight years from October 1, 1920, to September 30, 1928, 7.59% had a residence in this hospital of seven days or less; 29.19%, thirty days or less; 58.05%, six months or less; and 69.94%, one year or less. It is also of interest to note that .578% died after a residence in the hospital of only one day; .771%, after two days; .964%, after three days; 1.285%, after four days; and 1.093%, after five days; a percentage of 4.69 having a hospital residence of only five days or

¹ Including 3 men and 1 woman committed from temporary care of the preceding year.

² Including 6 men committed from temporary care of the preceding year.

³ Including 2 men under Section 100 transferred from the Boston Psychopathic Hospital.

less. Of the 119 cases dying in the hospital during this period after a hospital residence of seven days or less, nearly one half remained in the hospital for four days or less.

A study has been made of the residence at this hospital of 2,952 admissions during a seven-year period (October 1, 1920, to September 30, 1927, inclusive). This represents all of the admissions during that time with the exception of those dying in the hospital, which have been omitted for obvious reasons. This analysis shows that 5.01% were discharged at the expiration of seven days or less in the hospital; 14.46%, thirty days or less; 36.45%, six months or less; and 46.44%, one year or less. Of these admissions, 9.11% were remaining in the hospital after a residence of between one and two years; 6.47% after between two and three years; 5.21% after between three and four years; 4.57% after between four and five years; 5.05% after between five and six years; 3.79% after between six and seven years. Of 1,920 consecutive admissions during a period of three years beginning October 1, 1920, 22.65% have been in the hospital for five years or more.

Of the first admissions as insane, 189, or 45.99%, were foreign born, and 314, or 76.40%, were of foreign parentage on one or both sides. Seventy-five, or 18.29%, were aliens. Citizenship was unascertained in 23, or 5.60%. Of the 3,344 consecutive first admissions as insane, for the eight-year period beginning October 1, 1920, 1,649, or 49.31%, were foreign born; 2,711, or 81.07%, were of foreign parentage on one or both sides, 639, or 19.10%, were aliens, and citizenship was unascertained in 357, or 10.68%.

The average age on admission was 53.31; 180, or 43.79%, were sixty years of age or over, and 99, or 24.09%, were seventy years of age or over. For the eight-year period beginning October 1, 1920, the average age on admission was 51.58; 1,270, or 37.97%, were sixty years of age or over; and 676, or 20.21%, were seventy years of age or over.

The first admissions for the year, classified according to legal status, were as follows:

	Males.	Females.	Totals.
Committed cases (section 51, chapter 123, General Laws)	130	143	273
Voluntary admissions (section 86, chapter 123, General Laws)	0	0	0
Emergency commitments (section 78, chapter 123, General Laws)	1	1	2
Pending examination and hearing (section 55, chapter 123, General Laws)	0	0	0
Temporary care cases (section 79, chapter 123, General Laws)	50	67	117
Observation cases (section 77, chapter 123, General Laws)	9	10	19
Total	190	221	411

The distribution of first admissions for the year, classified according to legal status, as shown by the above table, is therefore as follows: committed cases (section 51, chapter 123, General Laws), 66.42%; emergency cases (section 78, chapter 123, General Laws), .49%; temporary care cases (section 79, chapter 123, General Laws), 28.47%; and observation cases (section 77, chapter 123, General Laws), 4.62%. For the eight-year period beginning October 1, 1920, the distribution of the 3,344 first admissions, classified according to legal status, was as follows: committed cases (section 51, chapter 123, General Laws), 2,501, or 74.79%; emergency cases (section 78, chapter 123, General Laws), 50, or 1.40%; temporary care cases (section 79, chapter 123, General Laws), 617, or 18.45%; observation cases (section 77, chapter 123, General Laws), 152, or 4.55%; and cases held under complaint or indictment (section 100, chapter 123, General Laws), 19, or .57%. During the above period there was only one case pending examination and hearing (section 55, chapter 123, General Laws), and one Boston Police case (chapter 307, Acts of 1910). No voluntary cases (section 86, chapter 123, General Laws) have been received since 1921, during which year there were three.

The first admissions for the year included 273 committed cases. Of these, 6,

or 2.18%, were discharged; 4, or 1.46%, were transferred to other hospitals for mental diseases; 31, or 11.27%, died; and 232, or 85.09%, remained at the end of the statistical year.

Of the first admissions for the year, 2 were emergency cases, both of which were committed within a few days after admission.

One hundred and seventeen of the first admissions during the year were temporary care cases. Of these, 106, or 90.59%, were committed; 2, or 1.71%, changed to emergency status (section 78, chapter 123, General Laws); and 9, or 7.70%, to observation status (section 77, chapter 123, General Laws).

The first admissions for the year also included 19 cases admitted for observation under the provisions of section 77, chapter 123, General Laws, all of which were subsequently committed.

Of the 411 first admissions for the year, the cause was unascertained or no cause given in 114 cases, or 27.74%. In the 297 cases where a definite cause was assigned, the etiological factors reported may be classified as follows: senility, 111, or 37.37%; arteriosclerosis, 47, or 15.83%; syphilis, 22, or 7.08%; alcoholism, 30, or 10.10%; involuntional changes, 19, or 6.40%; and traumatism, 1, or .34%. There was a family history of mental diseases in 74, or 18.00%, mental defects in 5, or 1.21%, and nervous diseases in 13, or 3.16%, of the first admissions. Of the 3,344 first admissions to the hospital since October 1, 1920, the cause was unascertained or no cause given in 1,019, or 30.48%, of the cases. In the 2,325 cases where a definite cause was assigned, the etiological factors are classified as follows: senility, 506, or 21.76%; arteriosclerosis, 511, or 21.98%; syphilis, 314, or 13.50%; alcoholism, 295, or 12.70%; involuntional changes, 154, or 6.62%; and traumatism, 40, or 1.72%. There was a family history of mental diseases in 547, or 16.36%, mental defects in 58, or 1.73%, and nervous diseases in 139, or 4.16%, of the first admissions.

The forms of mental disease shown by the 411 first admissions for the year, briefly summarized, were as follows: senile psychoses, 85, or 20.68%; psychoses with cerebral arteriosclerosis, 76, or 18.50%; general paralysis, 21, or 5.11%; psychoses with other brain or nervous diseases, 6, or 1.46%; alcoholic psychoses, 27, or 6.57%; psychoses with other somatic diseases, 17, or 4.13%; manic-depressive psychoses, 65, or 15.81%; involution melancholia, 6, or 1.46%; dementia praecox, 20, or 4.87%; paranoia or paranoid conditions, 31, or 7.54%; epileptic psychoses, 6, or 1.46%; psychoses with mental deficiency, 10, or 2.44%; undiagnosed psychoses, 31, or 7.54%; and all other psychoses one per cent or less. Six, or 1.46%, were without psychosis. The psychoses of all first admissions for the year are shown in Table No. 6, on page 28. The forms of mental disease shown by the 3,344 first admissions since October 1, 1920, are summarized as follows: traumatic psychoses, 16, or .48%; senile psychoses, 522, or 15.61%; psychoses with cerebral arteriosclerosis, 660, or 19.74%; general paralysis, 288, or 8.61%; psychoses with cerebral syphilis, 20, or .59%; psychoses with Huntington's chorea, 4, or .12%; psychoses with brain tumor, 7, or .21%; psychoses with other brain or nervous diseases, 56, or 1.67%; alcoholic psychoses, 238, or 7.11%; psychoses due to drugs and other exogenous toxins, 12, or .36%; psychoses with pellagra, 2, or .06%; psychoses with other somatic diseases, 108, or 3.23%; manic-depressive psychoses, 432, or 12.92%; involution melancholia, 75, or 2.24%; dementia praecox, 393, or 11.75%; paranoia or paranoid conditions, 202, or 6.04%; epileptic psychoses, 28, or .84%; psychoneuroses and neuroses, 23, or .69%; psychoses with psychopathic personality, 23, or .69%; psychoses with mental deficiency, 87, or 2.60%; and undiagnosed psychoses, 116, or 3.47%. Thirty-two, or .93%, were without psychosis. Attention should be called here again to the fact that the psychoses represented by our first admissions are not consistent with the admission rate shown by other hospitals. This is due to the fact that the acutely ill, the senile and infirm cases from the City of Boston cannot be removed to distant institutions and for that reason are brought here. It does not, of course, mean that the admission rates for manic-depressive insanity and for dementia praecox are lower in Boston. As a matter of fact, if the senile and arteriosclerotic cases are disregarded, it will be readily apparent that this is not the case.

The forms of mental disease shown by the readmissions for the year, briefly summarized, were as follows: traumatic psychosis, 1, or 1.23%; senile psychoses,

3, or 3.70%; psychoses with cerebral arteriosclerosis, 4, or 4.94%; psychosis with cerebral syphilis, 1, or 1.23%; alcoholic psychoses, 6, or 7.41%; manic-depressive psychoses, 33, or 40.74%; dementia praecox, 13, or 16.05%; paranoia or paranoid conditions, 4, or 4.94%; epileptic psychoses, 2, or 2.47%; psychoses with psychopathic personality, 2, or 2.47%; psychoses with mental deficiency, 5, or 6.17%; and undiagnosed psychosis, 7, or 8.64%.

Of these 81 admissions, 40, or 49.38%, were committed under the provisions of section 51, chapter 123, General Laws; 33, or 40.74%, were temporary care cases (section 79, chapter 123, General Laws); and 8, or 9.88%, were observation cases (section 77, chapter 123, General Laws). No emergency cases (section 78, chapter 123, General Laws); no voluntary cases (section 86, chapter 123, General Laws); and no cases held under complaint or indictment (section 100, chapter 123, General Laws) or pending examination and hearing (section 55, chapter 123, General Laws) were included in the readmissions for the year.

The following tables show the psychoses of the 411 first admissions for the year, classified according to legal status:

Psychoses of Committed Cases (Section 51, Chapter 123, General Laws).

	Males.	Females.	Totals.
Traumatic psychosis	1	0	1
Senile psychoses	12	32	44
Psychoses with cerebral arteriosclerosis	24	16	40
General paralysis	10	4	14
Psychoses with other brain or nervous diseases	4	1	5
Alcoholic psychoses	16	5	21
Psychosis due to drugs or other exogenous toxins	1	0	1
Psychoses with other somatic diseases	3	6	9
Manic-depressive psychoses	20	31	51
Involution melancholia	0	4	4
Dementia praecox	9	7	16
Paranoia or paranoid conditions	9	13	22
Epileptic psychoses	3	2	5
Psychoneuroses or neuroses	1	1	2
Psychoses with mental deficiency	3	8	11
Undiagnosed psychoses	12	9	21
Without psychosis	2	3	5
Diagnoses deferred	0	1	1
Total	130	143	273

Psychoses of Emergency Cases (Section 78, Chapter 123, General Laws).

	Males.	Females.	Totals.
Senile psychosis	0	1	1
Psychosis with other brain or nervous disease	1	0	1
Total	1	1	2

Psychoses of Temporary Care Cases (Section 79, Chapter 123, General Laws).

	Males.	Females.	Totals.
Senile psychoses	11	30	41
Psychoses with cerebral arteriosclerosis	18	13	31
General paralysis	2	2	4
Psychosis with brain tumor	1	0	1
Alcoholic psychoses	3	1	4
Psychoses with other somatic diseases	2	6	8
Manic-depressive psychoses	4	7	11
Involution melancholia	0	2	2
Dementia praecox	1	2	3
Paranoia or paranoid conditions	1	3	4
Undiagnosed psychoses	5	1	6
Without psychosis	1	0	1
Diagnoses deferred	1	0	1
Total	50	67	117

Psychoses of Observation Cases (Section 77, Chapter 123, General Laws).

	Males.	Females.	Totals.
Senile psychoses	2	3	5
Psychosis with cerebral arteriosclerosis	1	0	1
General paralysis	2	0	2
Alcoholic psychosis	0	1	1
Manic-depressive psychoses	1	2	3
Dementia praecox	1	0	1
Paranoia or paranoid conditions	0	3	3
Undiagnosed psychoses	2	1	3
Total	9	10	19

Two hundred and thirty-two temporary care cases (section 79, chapter 123, General Laws) were admitted during the year ending September 30, 1928. Of

these, 137, or 59.05%, were committed under the provisions of section 51, chapter 123, General Laws; 16, or 6.90%, changed to observation status; none to voluntary status; 5, or 2.15%, to emergency status; 64, or 27.59%, were discharged; 8, or 3.45%, died; and 2, or .86%, remained at the end of the statistical year. Of the 64 discharges, 3, or 4.69%, were discharged as recovered; 8, or 12.50%, were discharged as improved; 37, or 57.81%, as unimproved; and 16, or 25.00%, as without psychosis.

Six emergency cases (section 78, chapter 123, General Laws), including 5 cases from section 79, were admitted during the year. Five of these were committed in accordance with section 51, chapter 123, General Laws, and one died. None remained at the end of the statistical year.

Seventy observation cases (section 77, chapter 123, General Laws), including 16 cases from section 79, were admitted during the year. Of these, 28, or 40%, were subsequently committed under the provisions of section 51, chapter 123, General Laws; 35, or 50%, discharged; 2, or 2.86%, died; and 5, or 7.14%, remained at the end of the statistical year. Of the 35 discharges, 8, or 22.86%, were discharged as recovered; 3, or 8.57%, as improved; 3, or 8.57%, as unimproved; and 21, or 60.00%, as without psychosis.

Fifteen cases held under complaint or indictment (section 100, chapter 123, General Laws) were admitted during the year. Of these, seven were discharged and returned to Court (three as recovered and four as without psychosis) and eight remained on the books of the hospital at the end of the statistical year.

One case was admitted during the year under the provisions of Chapter 307, Acts of 1910, and was discharged as recovered.

No voluntary cases (section 86, chapter 123, General Laws) and no cases pending examination and hearing (section 55, chapter 123, General Laws) were admitted during the year.

The following table shows the psychoses of all cases admitted as temporary care, all forms, and subsequently committed under the provisions of section 51, chapter 123, General Laws, for the eight-year period beginning October 1, 1920:

	Males.	Females.	Totals.
Traumatic psychoses	4	1	5
Senile psychoses	54	138	192
Psychoses with cerebral arteriosclerosis	112	113	225
General paralysis	40	12	52
Psychoses with cerebral syphilis	4	5	9
Psychoses with Huntington's chorea	0	2	2
Psychoses with brain tumor	2	0	2
Psychoses with other brain or nervous diseases	14	3	17
Alcoholic psychoses	51	18	69
Psychoses due to drugs and other exogenous toxins	1	3	4
Psychoses with pellagra	0	0	0
Psychoses with other somatic diseases	15	27	42
Manic-depressive psychoses	60	97	157
Involution melancholia	2	11	13
Dementia praecox	52	50	102
Paranoia and paranoid conditions	7	42	49
Epileptic psychoses	4	4	8
Psychoneuroses and neuroses	6	6	12
Psychoses with psychopathic personality	8	7	15
Psychoses with mental deficiency	16	16	32
Undiagnosed psychoses	18	15	33
Without psychosis	3	4	7
Diagnosis deferred	1	0	1
Total	474	574	1,048

The total number of cases discharged during the year was 195. Of this number, 62, or 31.80%, were discharged as recovered; 101, or 51.80%, as improved; 26, or 13.33%, as unimproved; and 6, or 3.07%, as without psychosis. Of the 62 recovered cases, 12, or 19.35%, were cases of alcoholic psychosis; 2, or 3.23%, psychosis due to drugs or other exogenous toxins; 3, or 4.84%, psychosis with other somatic disease; 36, or 58.06%, manic-depressive psychosis; 3, or 4.84%, psychosis with mental deficiency; and each of the following, one, or 1.61%: traumatic psychosis, paranoia or paranoid condition, epileptic psychosis, psychoneurosis or neurosis, psychosis with psychopathic personality, and undiagnosed psychosis. Of the 101 cases discharged as improved, 5, or 4.96%, were cases of senile psychosis; 13, or 12.87%, psychosis with cerebral arteriosclerosis; 4, or 3.96%, general paralysis; 4, or 3.96%, alcoholic psychosis; 34, or 33.66%, manic-depressive psychosis;

5, or 4.96%, involution melancholia; 13, or 12.87%, dementia praecox; 12, or 11.88%, paranoia or paranoid conditions; 2, or 1.98%, psychosis with psychopathic personality; 4, or 3.96%, psychosis with mental deficiency; 2, or 1.98%, undiagnosed psychosis; and 1, or .99%, each, psychosis with cerebral syphilis, psychosis with other brain or nervous disease, and psychoneurosis or neurosis. Of the 26 cases discharged as unimproved, 3 or 11.54%, were cases of senile psychosis; 3, or 11.54%, psychosis with cerebral arteriosclerosis; 3, or 11.54%, manic-depressive psychosis; 2, or 7.69%, involution melancholia; 2, or 7.69%, dementia praecox; 4, or 15.38%, paranoia or paranoid conditions; 3, or 11.54%, psychosis with mental deficiency; 2, or 7.69%, undiagnosed psychosis; and 1, or 3.85%, each, traumatic psychosis, general paralysis, alcoholic psychosis, and epileptic psychosis.

The following is a study of the entire hospital residence (including other institutions for mental diseases) of the cases discharged during the year: 2, or 1.02%, were discharged after a residence of less than one month; 14, or 7.14%, after a residence of from one to six months; 9, or 4.59%, from six months to one year; 82, or 41.84%, from one to two years; 37, or 18.88%, from two to three years; 16, or 8.16%, from three to four years; 7, or 3.57%, four to five years; 23, or 11.73%, five to ten years; and 6, or 3.06%, ten years or over. The average duration of hospital residence was two years, nine months, and twenty-eight days.

Of the 245 deaths occurring during the year, 158, or 64.49%, represented cases dying at the age of sixty or over. In 99, or 40.41%, death occurred at the age of seventy or over. Of the 2,087 deaths occurring at the hospital during the eight-year period beginning October 1, 1920, 1,225, or 58.70%, were cases dying at the age of sixty or over; and in 737, or 35.31%, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: bronchopneumonia, 69, or 28.17%; arteriosclerosis, 35, or 14.30%; tuberculosis of the lungs, 23, or 9.38%; endocarditis and myocarditis, 60, or 24.50%; general paralysis of the insane, 11, or 4.50%; lobar pneumonia, 6, or 2.45%; cerebral hemorrhage, 19, or 7.75%; and cancer, 3, or 1.23%.

The psychoses represented by deaths occurring in the hospital during the year were as follows: senile psychoses, 68, or 27.76%; psychoses with cerebral arteriosclerosis, 62, or 25.30%; general paralysis, 21, or 8.57%; psychoses with Huntington's chorea, 2, or .81%; psychoses with other brain or nervous diseases, 7, or 2.86%; alcoholic psychoses, 9, or 3.67%; psychoses with other somatic diseases, 10, or 4.09%; manic-depressive psychoses, 17, or 6.94%; involution melancholia, 5, or 2.04%; dementia praecox, 27, or 11.02%; paranoia or paranoid conditions, 6, or 2.45%; epileptic psychoses, 5, or 2.04%; psychoses with mental deficiency, 4, or 1.64%; and psychosis with cerebral syphilis and psychosis with brain tumor, each one, or .41%. Of the 68 cases of senile psychosis dying in the hospital during the year, 28, or 41.19%, were due to bronchopneumonia, and 17, or 25.00%, to endocarditis and myocarditis. Of the 62 cases of psychosis with cerebral arteriosclerosis, death was due in 14, or 22.58%, to bronchopneumonia, in 15, or 24.28%, to endocarditis and myocarditis, and in 20, or 32.26%, death was attributed directly to arteriosclerosis. Of the 21 cases of general paralysis, 7, or 33.33%, were reported as dying from bronchopneumonia, and in 11, or 52.38%, general paralysis of the insane was given as the cause of death. Of the 27 cases of dementia praecox, death was due in 10, or 37.03%, to pulmonary tuberculosis.

Of the 245 patients dying in the hospital during the year, the total duration of hospital residence was as follows: one year or less, 129, or 52.65%; one to two years, 21, or 8.57%; two to three years, 20, or 8.16%; three to four years, 11, or 4.40%; four to five years, 5, or 2.04%; five to six years, 6, or 2.45%; six to seven years, 11, or 4.49%; seven to eight years, 5, or 2.04%; eight to nine years, 4, or 1.63%; nine to ten years, 4, or 1.63%; ten to fifteen years, 9, or 3.67%; fifteen to twenty years, 13, or 5.31%; and over twenty years, 7, or 2.86%. The duration of hospital residence was ascertained in all cases during the year. The psychoses showing the longest hospital residence were as follows: general paralysis, one over 15 years; alcoholic psychosis, one over 17 years; manic-depressive psychosis, one over 15 years; dementia praecox, three over 15 years, one over 17 years, two over 18 years, one over 23 years, one over 37 years, one over 43 years, and one over

61 years; paranoia or paranoid condition, one over 15 years; epileptic psychosis, one over 17 years; and psychosis with mental deficiency, one over 18 years. The following shows the duration of hospital residence of all cases dying in the hospital during the eight-year period beginning October 1, 1920: one year or less, 1,068, or 51.17%; one to two years, 279, or 13.37%; two to three years, 182, or 8.72%; three to four years, 101, or 4.84%; four to five years, 86, or 4.12%; five to six years, 40, or 1.92%; six to seven years, 61, or 2.92%; seven to eight years, 44, or 2.11%; eight to nine years, 30, or 1.44%; nine to ten years, 33, or 1.58%; ten to fifteen years, 86, or 4.12%; fifteen to twenty years, 34, or 1.63%; and over twenty years, 41, or 1.96%. In this total of 2,087 deaths, the duration of hospital residence was unascertained in 2, or .10%.

The following general statistical information relating to ward service should be of interest:

	Males.	Females.	Totals.	Percentage.
Average daily population	963.76	1,259.21	2,222.97	100.00
In bed	111.57	131.37	242.94	10.93
In restraint . . . . .	.25	2.26	2.51	.11
In seclusion	1.70	8.39	10.09	.45
Eating in dining rooms	826.06	736.61	1,562.67	70.29
Eating in wards	137.70	522.60	660.30	29.71
Fed by nurses	12.69	84.02	96.71	4.35
Idle	440.28	650.24	1,090.52	49.06
Employed	523.48	608.97	1,132.45	50.94
Parole of grounds	118.62	24.13	142.75	6.42
Out for exercise	847.81	778.17	1,625.98	73.14
Noisy	45.76	173.29	219.05	9.85
Violent . . . . .	.27	62.38	62.65	2.81
Destructive	18.07	124.76	142.83	6.42
Soiled or wet	88.82	172.19	261.01	11.74
Taking medicine	12.06	25.04	37.10	1.67
Infirm	361.25	412.17	773.42	34.79

The average daily number for the entire year is represented in each instance in the percentages given above, that is: the average daily number of patients in bed was 242.94, or 10.93% of the average daily number of patients in the wards of the hospital for the year, and the average daily number out for exercise was 1,625.98, or 73.14% of the same average daily population. The large percentage of bed cases shown, nearly eleven per cent, is explained by the fact that many senile and infirm cases, which cannot readily be removed to institutions outside of the metropolitan district, are of necessity received at the Boston State Hospital. This accounts in some measure for the large proportion of our patients who belong to the infirmary class, — about thirty-five per cent of the total number cared for. The continued shortage of trained nurses and attendants is partly responsible for the amount of restraint and seclusion as shown by the above table, although this is small. It will be noted that the proportion of our patients who go out for exercise daily is quite large, taking into consideration the percentage of infirm, including the bed patients, and a gratifying average daily number of patients is employed in useful occupations. The average daily number of noisy patients and the average daily number of violent patients are of considerable interest, the latter being somewhat at variance with popular ideas regarding institutions of this type.

GENERAL HEALTH OF THE HOSPITAL.

The health of the patients and employees has been good throughout the year, and the hospital has been free from epidemics and unusual illnesses with the exception of a few sporadic cases of scarlet fever, measles, and diphtheria, all of which made uneventful recovery. Various minor accidents and injuries occurred in the wards from time to time and were reported in the usual manner to the Board of Trustees and the Department of Mental Diseases.

Six hundred and twenty Wassermann examinations were made for us by the State Department of Public Health, — 496 blood serum and 124 cerebrospinal fluid. The treatment of neurosyphilis has been continued throughout the year, 1,011 treatments having been given to 43 patients, — an average of 23.51 treatments per patient. An account of this work is given on another page.

EMPLOYEES.

On September 30, 1927, there were 423 persons in the employ of the hospital. During the year, 356 were appointed, 356 resigned, and 12 were discharged. Seven hundred and seventy-nine persons occupied 464.5 positions, — a rotation of 1.67.

The average daily number of employees during the year was 437.01, with 5.78% of vacancies. The average daily number in the ward service was 249.03, with 6.73% of vacancies. The ratio of ward employees to patients was one to 8.93, and of all employees, one to 4.67. The shortage of employees has increased slightly during the year. A large number of visitors come to the hospital to see their relatives and friends, and it is difficult to give them proper attention with a too limited number of attendants and nurses. On many days there are eight or nine hundred visitors, and we have had as many as 1,119 on one day. The total number of visitors during the year was over 57,000. More graduate nurses among our employees would doubtless reduce the number of accidents, injuries and escapes of patients.

MEDICAL SERVICE.

Dr. E. C. Noble, who had been connected with the hospital since March 5, 1909, and who was appointed assistant superintendent on December 1, 1917, resigned on May 14, 1928, his health not being such as to permit of his continuing his duties here. To fill the vacancy thus created Dr. Roy D. Halloran was appointed assistant superintendent on May 28, 1928. Dr. Halloran is a graduate of Dartmouth College and received his degree in medicine from the College of Physicians and Surgeons at Columbia University, in 1920. After two years of hospital service in Newark, N. J., he was appointed assistant physician at this institution on April 1, 1922, and promoted to senior physician on December 1, 1923. On May 24, 1928, Dr. Janice Rafuse resigned from the position of assistant physician, to which she was appointed on November 1, 1926. Dr. Dorothy H. Read was appointed assistant physician on July 18, 1928. Dr. Read graduated from the high school at Attleboro, Mass., and received her degree in medicine from Tufts College Medical School in 1927. Previous to her appointment here she was interne for one year at the Worcester Memorial Hospital. On July 1, 1928, Dr. Carl A. DeSimone was appointed to the position of assistant physician to succeed Dr. George G. Kelly, who resigned in December. Dr. DeSimone was born in Boston and received his preliminary education in the public schools of Brighton and the degree of A.B. from Boston College. He is a graduate in medicine from the Boston University Medical School. Dr. DeSimone resigned on December 1, 1928, to take an appointment in a general hospital. Dr. Charles C. Korb, who was appointed assistant physician on December 9, 1927, resigned on October 1, 1928, to enter private practice. Dr. Leslie H. Leighton was appointed on October 24 to fill this vacancy. Dr. Leighton is a graduate of the Cambridge Latin and Tufts Pre-Medical schools, and received his medical degree from Tufts College Medical School in 1927. He came to this institution after one year as house officer at the Cambridge Hospital and six months in the same capacity in the Providence Lying-In Hospital, Providence, R. I. During the summer four clinical assistants were added to the staff for three months, all of them undergraduates of Tufts College Medical School. In February, 1928, the consulting staff of the hospital was augmented by the appointment of Dr. A. Myerson as consulting neurologist. Dr. Ralph A. Hatch resigned as consulting ophthalmologist in September, and was succeeded by Dr. Paul Chandler.

Staff meetings have been held as usual, alternating between the East Group and the West Group, with one meeting each month at the pathological laboratory. At these meetings an effort is made to present all new admissions, as well as cases about to leave the hospital on visit or cases to be discharged.

Dr. Irving J. Walker, of Boston, who has had charge of the surgical work of the hospital for several years, has visited the institution as usual and has performed such major operations as have been necessary. Various operations have also been done by Dr. Grace E. Rochford, consulting gynecologist.

The venereal clinic, directed successively during the year by Drs. Roy D. Halloran, Charles Korb, and Gerald F. Houser, assisted by Drs. Janice Rafuse and Carl A. DeSimone, extended the treatment of neurosyphilis by intravenous injections of tryparsamid to a group of patients larger than that of the previous year. This is described as one of the most successful specific drugs thus far used in this type of disease. Eight patients, who had previously received malaria or other forms of febrile treatment in this or some other clinic, were given regular and carefully controlled treatment along with those not previously treated in this manner. In

all, forty-one cases received nine hundred and ninety-one injections. About one half of these showed definite physical, mental and serological improvement. Approximately one quarter maintained their previous status, and the remainder showed evidence of more or less rapid deterioration. Analysis of the individual cases indicates that fully one third of the total number did not show closely corresponding clinical and serological changes, the former frequently demonstrating marked improvement while the latter were not noticeable, and vice versa. In some cases, while the serological findings improved, the clinical condition rapidly regressed. This coincides generally with the literature on the subject. Three patients, who were in advanced stages of neurosyphilis, deteriorated rapidly and died after only a few treatments. Eight have left the hospital on visit with their relatives and at least four of these are employed in some way. Of those in the hospital fourteen are regularly occupied. The results thus far tend to justify the opinion that tryparsamid warrants further trial. Two cases of vascular syphilis were given twenty intravenous injections of sulpharsphenamin, an arsenical which has also been used with some success in the treatment of neurosyphilis. It is easily administered, stable, and non-toxic. One of these patients refused treatment after only six injections. The other has shown thus far no serological improvement.

The study of the brain metabolism by comparison of products in blood withdrawn from the carotid artery and internal jugular veins in the neck and the basilic vein in the arm, a special method described in the report of two years ago, was continued extensively, under the direction of Dr. A. Myerson, during the past year, with the aid of the biochemical laboratory in the F Building, West Group. The specimens taken first from a group of dementia praecox cases were examined for the most common and most accurately measurable blood constituents, such as sugar, cholesterol, lecithin, fatty acids, urea nitrogen, non-protein nitrogen, calcium, chlorides, phosphates, and carbon dioxide. Some conception of the laboratory work involved may be gained from the fact that for each patient sixty tests were necessary. Wherever abnormal findings occurred, special investigations were made. In all but one of the twelve cases thus examined it was found that the blood sugar was definitely lower in the internal jugular vein than in the basilic vein and carotid artery. In nine cases the basilic blood contained the largest amount of sugar. To eliminate a possible error due to delay between the withdrawal of the three varieties of blood, simultaneous punctures were made in several of the cases before tested. As before, the internal jugular blood was decidedly lower in sugar. Control tests for normals, obtained from five employees who volunteered, gave similar results. Examination of a group of general paralytics and epileptics also indicated the same relative difference in the internal jugular blood sugar. It is expected that other types of mental conditions will be studied in this manner. Only a small number of cases of any kind are as yet available, and, therefore, no conclusions are possible, but the present findings point to a hitherto unpublished fact, of interest from a physiological standpoint. Some tests made before and during ether administration indicated that the sugar was increased in the carotid artery, internal jugular and basilic veins to an abnormal degree as anesthesia was prolonged. The internal jugular vein, as before, contained the lowest amount. Some tests were made before and after various forms of exercise but no consistent results were obtained. In the dementia praecox group the cholesterol and lecithin in the carotid artery, basilic and internal jugular bloods were not significantly different but were distinctly subnormal. The same tests in a variety of mental diseases among both male and female patients eating ward diets gave similar results. In an effort to find an explanation the blood cholesterols of this group were compared with those of patients eating employees' diets because of their special occupations. The latter tests fell within normal limits. The only explanation at present is that the ward diet is low in cholesterol-containing foods. A group of ten patients with various diagnoses have been given a measured diet of eggnog, which is rich in cholesterol, and after three to four weeks there is a general tendency toward a slight increase in the blood cholesterol. The carbon dioxide content was lower in the carotid artery than in the basilic and internal jugular veins in cases of dementia praecox, general paralysis and epilepsy. All the other products included in this investigation showed no significant variations

in the three types of blood and no deviations from the normal. The icteric index of the blood was determined in a variety of mental diseases, such as general paralysis, manic-depressive psychoses, manic and depressive types, dementia praecox, senile and alcoholic psychoses. With occasional exceptions, the findings were within normal limits. Gastric analyses are being made in depressed cases. In several, who take nourishment very poorly, there is almost a complete absence of free hydrochloric acid in the gastric juice. In one, who had practically recovered from her depression, the free hydrochloric acid was normal. Many of the routine tests during the summer and fall of 1928 were made with the assistance of Joseph L. Byrne, who has completed his third year at Tufts Medical School. On May 7, 1928, a report entitled "Some Results of Internal Jugular and Carotid Punctures", incorporating the early results in the study of the brain metabolism by Drs. A. Myerson and Roy D. Halloran, was read by Dr. Myerson before the Massachusetts Society of Neurology and Psychiatry. A report entitled "Acetic Anhydrid Sulphuric Acid Test for General Paralysis (Boltz Test)" by Drs. A. Myerson and Roy D. Halloran was published in the *Journal of Nervous and Mental Diseases*, Volume 68, No. 2, August, 1928. The Boltz test was described in the preceding annual report.

OUT-PATIENT SERVICE.

The work of the Social Service Department has been continued during the past year under the direction of Miss Florence E. Armstrong. It has had greater stability than for some time, owing to the fact that there has been so little turn-over among the workers. There was one resignation, causing a vacancy which we were not able to fill for some time because of delay in obtaining candidates from the Civil Service list. The extent and intensity of the work of the department has been increased during the year. It has been the custom to handle for routine social investigation all cases admitted to the hospital for observation. These have had a considerable increase over the year before. At the same time, many more calls have come in for full social investigation upon cases regularly committed to the hospital. The result is that the greater part of the time of the department is given up to this work. Little is left for careful supervision of patients on visit. There are others in the hospital who might comfortably be adjusted in the community, but in whose behalf no pressure is brought to bear by relatives or friends. The task of the department is logically with these also. This distinctive contribution from the department to the hospital and to the State would be possible if the staff of workers were enlarged. We have had during the past year two students in training from the Smith College School of Social Work, and during the summer months one Radcliffe undergraduate. The early fall finds us with another student worker independent of any school, a graduate of Smith College. The following table shows the movement of patients under the supervision of the out-patient department:

	Males.	Females.	Totals.
In family care Sept. 30, 1927	0	10	10
On visit Sept. 30, 1927	80	114	194
On escape Sept. 30, 1927	5	0	5
On visit from family care Sept. 30, 1927	0	0	0
Dismissed to family care during the year	0	6	6
Dismissed on visit during the year	626	278	904
Dismissed on visit from family care	0	3	3
Escaped during the year	15	0	15
Admitted from family care during the year	0	6	6
Admitted from visit during the year	560	194	754
Admitted from visit from family care	0	1	1
Admitted from escape during the year	15	0	15
Admitted from family care and discharged	0	2	2
Admitted from visit from family care and discharged	0	0	0
Admitted from visit and discharged	67	95	162
Admitted from escape and discharged	1	0	1
In family care Sept. 30, 1928	0	7	7

Males. Females. Totals.

On visit Sept. 30, 1928	79	103	182
On escape Sept. 30, 1928	4	0	4
On visit from family care Sept. 30, 1928	0	2	2

The following is a summary of the social service work done during the year:

Total number of cases considered			867
New cases, hospital			292
New cases, school clinic			76
New cases, community			2
Renewed cases from previous years			71
Renewed cases within the year			35
Continued cases from previous year			391
Cases closed during the year:			
Hospital			351
School clinic			70
Community			2
Cases continued			444
Sources of new cases:			
Referred by physicians:			
Hospital			250
School			76
Referred by community agencies			6
Referred by friends and relatives			2
Selected by Social Service			53
Purposes for which cases were referred:			
Histories:			
Hospital patients			151
School clinic cases			76
Investigation:			
Conduct disorders			18
Employment situations			18
Home conditions			53
Statements of patients			11
Statements of others			15
Full social investigation			108
Court investigation			11
Interval history			8
Supplementary information			19
Location of relatives			63
Reports of patients on visit			5
Supervision:			
In home			93
In industry			4
In community			10
Care of patients' families			12
Personal services			47
Placement			13
Problems in all cases:			
Disease:			
Mental			408
Physical			17
Sex problems:			
Prostitution			2
Promiscuity			6
Wayward tendencies			13
Environment:			
Financial difficulties			28
Employment difficulties			25
Unsuitable surroundings			21
Friction (family 30, others 9)			39
Marital difficulties			23

Personality problems:	
Temperament	26
Anti-social habits	34
Vaccillating interests	3
Educational problems:	
Readjustment habits of mind	34
Recreation; church; social relationships	15
Legal problems:	
Concerning property or support	10
Resulting from conduct of patient	5
Nature of service rendered:	
Medical:	
Information relating to school history	76
Information relating to medical history	180
Information relating to home conditions	135
Information relating to condition of out-patients	147
Arrangements for medical assistance	25
Social:	
Adjustments for patients:	
Environment	25
Personal relations	24
In industry	16
In recreation	4
Advice to relatives	155
Advice to patients	118
Advice to others	38
Connecting with agencies	46
Connecting with individuals	25
Family assistance:	
Legal	10
Financial	4
Miscellaneous	8
Arrangements for further study or training	3
Personal services	47
Placement work:	
Home	41
Industry	6
Total number of visits	3,011
Supervision work:	
To patients on ward	199
To patients on visit	597
To relatives or friends	423
To social agencies	267
To others	373
Investigation:	
To patients on ward	35
To relatives or friends	442
To social agencies	202
To others	473

PATHOLOGICAL LABORATORY.

The work of the laboratory has been carried on by Dr. Julius Loman, with the assistance of one laboratory technician. The following is a summary of the routine work of the pathological laboratory for the year: Autopsies, 106; blood examinations: cell counts, red, 23; cell counts, white, 27; cell counts, differential, 27; hemoglobin estimation, 23; bacteriological examinations, 15; cerebrospinal fluid examinations, including cell count, globulin, total protein, and colloidal gold tests, 48; examination of feces, 1; pathological examinations, 2; sections stained, 842; sputum examinations, 6.

The number of deaths during the year was 256, of which 106 came to autopsy, making the autopsy percentage 41.40 for the year, an increase of eight over the percentage for the preceding year.

The psychoses represented in cases coming to autopsy were as follows: Senile psychoses, 29; psychoses with cerebral arteriosclerosis, 28; general paralysis, 10; psychoses with other brain or nervous diseases, 6; psychosis with Huntington's chorea, 1; alcoholic psychoses, 5; psychoses with other somatic diseases, 3; manic-depressive psychoses, 5; involution melancholia, 1; dementia praecox, 14; paranoid condition, 1; psychoses with mental deficiency, 3.

The following were the causes of death: Aneurysm of aorta, 1; arteriosclerosis, general, 13; bronchopneumonia, 36; carcinoma of sigmoid, 1; carcinoma of uterus, 1; cardiorenal disease, 5; cerebral hemorrhage, 9; cystitis, acute, 1; empyema, 1; endocarditis, chronic, 3; enteritis, acute, 3; general paralysis, 2; lobar pneumonia, 1; meningitis, acute, 1; myocarditis, chronic, 4; pachymeningitis hemorrhagica interna, 1; peritonitis, acute, 1; pleurisy with effusion, 1; pulmonary abscess, 1; pyelonephritis, 1; septicemia (staphylococcus), 1; thrombosis of aorta, 2; thrombosis, coronary, 1; thrombosis of left auricle, 1; tubercular peritonitis, 1; tubercular ulceration of intestines, 1; tuberculosis, acute miliary, 1; tuberculosis, pulmonary, 9; volvulus of intestines, 1; no cause given, autopsy limited to head, 1.

Monthly staff meetings were held, with the presentation of interesting psychiatric and neurological cases, including the demonstration of gross and microscopic sections.

DENTISTRY.

The dental work of the hospital was carried on by Dr. Martin P. Rose, resident dentist, until his resignation on September 4, 1928, to enter private practice. He was succeeded, on September 30, by Dr. George S. Rileigh, a graduate of Tufts College Dental School. The department has had the services of a dental assistant throughout the entire year. Although it is not possible to do so in all cases, an effort is made to give each patient an examination at least twice during the year. Any conditions requiring attention are noted on the dental charts, and patients are given such treatment as may be found necessary. Ether has been used in some cases where the use of a local anesthetic was contra-indicated. The following is a summary of the work accomplished during the year: Alveolotomy, 1; curettements, 169; extractions, 1,056; fillings, 397; facial inflammatory gauze drain treatments, 20; medicinal treatments, 416; patients examined, 893; patients treated, 1,689; prophylaxis, 325; restorations, 36; setting of fracture, 1; sutures, 57.

HYDROTHERAPY.

The work of the hydrotherapy department of the hospital has been carried on during the year under the direction of Miss Frances N. O'Regan at the East Group and Mr. Perley M. Silver at the West Group, until his resignation, May 31, 1928. Five thousand two hundred and sixty-two continuous baths and 26,702 wet sheet packs were given, making the average daily number of continuous baths 14.38 and the average daily number of wet sheet packs 72.96. In addition to the above, the following treatments were given during the year: salt glows, 915; hair shampoos, 1,204; tub shampoos, 713; Swedish shampoos, 677; saline baths, 542; Sitz baths, 477; hot and cold to spine, 374; foot baths, 230; foot baths as preparatory treatment, 1,056; wet sheet packs as preparatory treatment, 258; vapor baths, 131; needle sprays, 5,304; fan douches, 5,063; massotherapy, 1,090. In this department instruction has also been given, consisting of 49 lessons. Fifty-two different persons were treated, with the following psychoses: psychosis with cerebral syphilis, 1; manic-depressive psychoses, 23; dementia praecox, 17; paranoia or paranoid condition, 2; involution melancholia, 1; epileptic psychosis, 1; psychosis with psychopathic personality, 1; psychoses with mental deficiency, 5; and undiagnosed psychosis, 1.

SCHOOL CLINIC.

Four hundred and seventy pupils were examined during the year. According to intellectual equipment these pupils were classified as follows: intellectually defective, 115, or 24.47%; borderline, 159, or 33.83%; dull normal, 100, or 21.28%; normal, 41, or 8.72%; superior normal, 1, or .21%; and undiagnosed, 54, or 11.49%. The total number of examinations made during the seven years since this work was organized were classified as follows:

	1922.	1923.	1924.	1925.	1926.	1927.	1928.	Total.
Total examinations	372	349	295	414	355	486	470	2,741
Superior normal	1	2	0	1	1	3	1	9
Normal	53	24	16	39	22	52	41.	247
Dull normal	69	80	65	75	65	115	100	569
Borderline	104	125	108	136	126	162	159	920
Feeble-minded — upper	85	75	79	85	92	98	88	602
Feeble-minded — lower	49	29	24	50	11	47	27	237
Diagnosis deferred	11	14	3	23	38	9	54	157

This table shows a total of 2,741 examinations, with the following classifications: superior normal, 9, or .33%; normal, 247, or 9.01%; dull normal, 569, or 20.76%; borderline, 920, or 33.56%; feeble-minded, upper range, 602, or 21.96%; feeble-minded, lower range, 237, or 8.65%; and diagnosis deferred, 157, or 5.73%.

To illustrate the nature of the problems dealt with in the school clinic, the following extracts from case records are cited:

S. Girl, age 10. School work poor. "Inattentive, quarrelsome, cries if corrected, a very difficult child." Examination showed this child overgraded for mental age (I. Q. 77), beginning chorea, visual defect, diseased tonsils, underweight, etc. All had noted that child was restless, but did not consider physical state. Thought her merely naughty. Explanation to teacher and parents brought proper medical and school treatment.

M. Boy, age 10, in Special Class. Undersized, speech and other physical defects and stigmata. Last year we recommended State School for Mental Defective; intelligence too low for special class. There being no vacancy at the school, M. was retained in Special Class against our advice. Re-examined this year; mental age 3.2; intelligence quotient 32. Teacher reports "troublesome, actions disturb and dirty habits disgust other pupils." Teacher a nurse-maid; not fair to other pupils. On our advice M. was excluded pending admission to State School. (Principals find it helpful to have State authority back of difficult decisions.)

C. Girl, age 15.9. Ninth grade Commercial. Ambition, stenographer. Teacher reports "failing work, dishonest, sulks if criticized, copies work." Failing to hand in book review, teacher said it must be done, and C. produced one. Called to read it, she stumbled on meaning and pronunciation, yet insisted that she wrote it herself. Finally, to get out of the dilemma, admitted that she had borrowed the book review from a girl in a former class. Examination showed C. to be attractive, well dressed, and without physical defects. A mental age of 10.5, I. Q. 66, explained the difficulty. Ninth grade work was being demanded from only fifth grade capacity, and as a result disposition and character were falling down under the strain. Advice given: To allow C. to leave school and become useful at home under careful supervision.

R. Boy, age 13.3. Tall, thin, pale, slouchy, no interest in school or sports. Work very poor, no friends, mean, sneaky, trips other pupils, taught sex practice to younger boy. Teacher considers him hopeless, possibly defective, and urges Special Class. Examination shows many physical defects: underweight, teeth carious, nose obstructed, etc. Mental age 15, I. Q. 113, superior normal. Further study revealed inferiority complex in worst form, developed on contrast with older brother "pride of family," a popular, aggressive boy. Parents and teachers had considered and treated R. as defective, and he reacted accordingly. Conference with parents and teachers resulting in the adoption of an active and constructive program brought about a remarkable change in this boy.

During a period of seven years (1922 to 1928), 2,741 children, or 1.836%, were examined as possibly retarded in a school enrollment of 149,040. Of those examined, the number found to be normal represented .166% of the total enrollment, the dull normal .38%, the borderline cases .617%, the feeble-minded, upper range, .404%, and the feeble-minded, lower range, .159%. In other words, 1.56% of the total enrollment were found to be dull normal, borderline, or feeble-minded cases. This is, of course, a strictly minimum per cent, owing to the selection exercised by teachers in referring pupils to the clinic for examination.

TRAINING SCHOOL FOR NURSES.

Ten graduates of the Boston State Hospital training school are now employed in the wards of the institution. The instruction of employees who are to care for

the patients in our wards is one of the most important objects of the nurses' training schools, but it is also desirable to graduate nurses who are qualified to care for psychiatric cases in the community. Training schools for nurses in State hospitals are, however, becoming more and more difficult to maintain. At the present time there are no pupils in our training school and no applications are being received from persons who meet the minimum requirements for entrance. Work in other fields is more attractive to graduate nurses, and we find continued difficulty in retaining graduates of our own school. If the standards of our hospitals are to be maintained, we must have more graduate nurses. The systematic instruction of attendants, both male and female, is being carried on along the lines prescribed by the committee on training schools, representing the Department of Mental Diseases.

OCCUPATIONS AND INDUSTRIES.

The work of the occupational therapy department was continued under the direction of Miss Clara H. Offutt, head occupational therapist, until August 1, 1928, when she resigned. She was succeeded on August 20 by Miss Helen Polk, who has had charge of the department since that time. Two assistants have been added to the personnel, which is now one head therapist and ten assistants. Two attendants are assigned to the department. The work is conducted in class rooms and on the wards, with three class rooms — two for the male patients and one for the female patients — in the West Group, and one for female patients in the East Group. The occupational therapy workers are greatly handicapped in working with the disturbed and acute male patients owing to the fact that the only available space for a class in their building is the dining-room. Within the past year the average number of patients attending classes was 1,085. Of this number 76 have been discharged, 12 transferred to other hospitals, and eight have died. The average daily number of patients occupied was 320, 85 male and 235 female. The greatest number of patients occupied on any one day was 349. The work for male patients consists of toy making, rug weaving, hooking, pattern weaving on a four-harness loom, rake knitting, painting toys and novelties, knotting key cord, basketry, and the manufacture of simple pieces of furniture. The work for female patients consists of weaving, basketry, sewing, hooking, knitting, rug making (braid and colonial), embroidery, rake knitting, crocheting, and mending garments. Two full days were taken to decorate the chapel in the East Group for Halloween. The patients assisted both in making the decorations and in arranging them. The value of the articles produced in this department is estimated at \$6,211.10.

The Occupational Therapy Center at Hopkinton is proving itself an institution which is becoming known throughout the State. Since the beginning, its policy has been to receive patients from all the hospitals, with the understanding that the respective social service departments supervise their own patients and satisfy themselves regarding the suitability of the life at Hopkinton. Gradually a confidence in the scheme has been established, with the result that during the past year patients have been admitted, not only from the Boston State Hospital, but also from the State hospitals at Worcester, Danvers, and Foxborough, while those at Medfield and Westborough, and the Boston Psychopathic Hospital, have discussed the cases of definite patients with a view of giving them the opportunities available at the Center. The Boston City Hospital has sent a patient from its nerve clinic, and the Community Health Association has also sought this means of solving some of its perplexing problems. The work thus assumes a definite preventive aspect as well as the convalescent one that is usually associated with it. It is reasonable to believe that the cases coming from these sources might otherwise eventually arrive in one of our State hospitals. The capacity of the house remains eleven, and it has maintained that number a large part of the year. We have had several conspicuously successful placements from the Center, and some returns to the hospital. Whatever the outcome of a trial at Hopkinton, those going there enjoy the life. All are engaged in occupational therapy, devoting as much time to it as appears suited to their individual physical and mental health. Incidentally it may be said that it is a reason for profound satisfaction that not a single case of serious physical illness has ever occurred there. The work produced last year brought in the sum of \$800, the receipts from the Christmas

sale alone amounting to over \$500. The Permanent Charity Fund has expressed its approval of the work to date by contributing \$525, an increase of \$25 over the previous year, which is appreciated. The committee in charge of the Center includes the following: Mrs. L. Vernon Briggs, Chairman; Mrs. Horatio Lamb, Mrs. Henry Tudor, Mrs. Douglas Thom, Mrs. Sydney Dreyfus, Mrs. Horace Morrison, Miss Mildred Bradley, and Dr. Arthur McGugan, Treasurer. The head social worker of the hospital is the Secretary.

The work of the industrial room for women has been carried on, as in the previous year, under the direction of Mrs. Madge B. Richardson. This consists of basketry, rug making, weaving, lace making, embroidery, knitting, sewing, crocheting, mending, etc. The estimated value of the articles produced during the year in this department is \$16,749 (\$3,110.30 in the industrial room and \$13,638.70 in the sewing room). The industrial work for men has been carried on under the continued direction of Mr. James F. Hurley. This is done entirely in the basement of the B Building in the West Group, and includes shoe repairing and various other repair work, the manufacture of several kinds of brushes, brooms, coat hangers, hats, and numerous other articles. The value of the articles produced during the year is estimated at \$15,607.70. The total valuation of articles produced during the year in the occupational and industrial departments of the hospital is \$38,567.80.

AGRICULTURAL ACTIVITIES FOR THE YEAR.

Mr. Ralph B. Littlefield was appointed head farmer on February 1, 1928, since which time he has had charge of the farming operations of the hospital. A total of 138 acres was under cultivation during the year. This consisted of 44 acres devoted to gardening, in addition to 87 acres of meadowland, 3 acres of field crops, and 4 acres of orchards and small fruits. The estimated value of farm products for the year was \$13,246.11.

FINANCIAL STATEMENT.

The maintenance appropriation for the year was \$828,500, with an additional appropriation of \$22,870.00, and \$25,773.10 brought forward from the preceding year, making a total of \$877,143.10.

	Amount Expended.	Per Capita.	Percentage of Total.
Personal services	\$404,786.65	\$180.282	49.206
Travel, transportation and office expenses	6,713.78	2.990	.816
Food	186,951.32	83.264	22.726
Clothing and materials	30,269.00	13.481	3.680
Furnishings and household supplies	42,434.52	18.899	5.158
Medical and general care	28,358.73	12.630	3.447
Religious instruction	2,080.00	.926	.253
Heat, light and power	63,666.96	28.355	7.739
Farm	6,021.34	2.682	.732
Garage, stables and grounds	5,794.68	2.581	.704
Repairs, ordinary	16,282.21	7.252	1.980
Repairs and renewals	29,279.71	13.040	3.559
Total	\$822,638.90	\$366.382	100.000

Based on the average daily population of the hospital (2,245.30) the per capita cost of maintenance for the year was \$366.382, or \$7.007 per week. The per capita cost for the year 1927 was \$361.251, or \$6.947 per week. The type of patients cared for in this institution is an important factor in keeping up the cost of maintenance, about one third of the population being of the infirmary class, and a large percentage of bed patients. A large item in the cost of maintenance is the amount required for repairs to old buildings erected by the City of Boston many years ago. The old ward buildings, being made up of small units and consisting largely of single rooms, require a greater number of employees and more supervision than would otherwise be necessary. No buildings designed for purely custodial patients in considerable numbers have ever been erected at this institution.

GENERAL OPERATIONS FOR THE YEAR.

A summary of the miscellaneous activities of the hospital during the year, other than those already cited, leaves but little to be added. Our great problem has been to maintain an adequate personnel during the year with the funds available for that purpose, and to keep our buildings in repair as best we could. The suc-

cess attained along these lines has, of course, been determined entirely by the funds appropriated by the Legislature.

Religious services, both Protestant and Catholic, have been held regularly during the year, and the wards have been visited by the priest and by the rabbi, Rev. Moses L. Sedar. It was a source of great regret to all of us that Father Gallagher of St. Leo's parish, who has for several years looked after the spiritual welfare of the Roman Catholic patients in our care, was transferred in December to another field of activity. He was very well liked by all of those with whom he came in contact. His duties have been assigned to Rev. Martin S. Curran, of the parish of St. Andrew the Apostle, in Forest Hills, who has officiated since December 10. In May, Rev. Norman J. Raison, the Protestant minister, was transferred, and his work has been taken over by Rev. Harold H. Cramer, who succeeded him in the church at Mattapan.

The entertainment of our patients has not been neglected. Moving picture shows and dances have been continued in accordance with our custom. Occasionally special entertainments have been given. The radio service in various wards has been greatly appreciated by the patients, who show a great deal of interest in the programs. The usual Christmas entertainment, with music by the Boston Chamber Orchestra and a soprano soloist, was thoroughly enjoyed by the patients of both groups.

The hospital has been visited as usual from time to time by the Department of Mental Diseases and its various representatives, by the Lieutenant-Governor and the Executive Council, the Legislative Committee on Public Institutions, and by various agents of the Commission on Administration and Finance.

The group of physicians taking a special course of instruction in Public Health under the auspices of the Rockefeller fund visited the hospital in March. There have been various distinguished visitors during the year, among whom were Prof. Adolf Meyer, of Johns Hopkins University, Dr. Frankwood E. Williams, of the National Committee for Mental Hygiene, Dr. A. A. Brill, of New York City, Prof. Hans Maier, of the University of Zurich, etc.

The painting completed during the year was as follows: administration offices at West Group; interior and exterior of West B Building; basement of the West B Building; interior and exterior of the West F Building; interior of the West G Building; interior and exterior of the West Group kitchen and dining-room building; exterior of West Group nurses' home; exterior of buildings at piggery group; interior and exterior of farm house at the West Group; exterior of administration building at the East Group; interior of East A, B, and C buildings; exterior of East Group nurses' home; and exterior of the power house.

The old locks have been replaced in all but one or two of the buildings of the East Group.

The plumbing in the East A Building was rather extensively remodelled during the year.

The work of remodelling the first floor of the rear of the administration building in the West Group was completed during the summer, providing us with an operating and a waiting room for the dentist, an office for the matron, and a supervisor's office. Two additional toilets were rendered available for the use of the public.

The old wagon shed in the rear of the East Group barn was reshingled and repainted during the summer.

A new asphalt shingle roof was placed on the large barn in the East Group and the building was extensively repaired and repainted on the exterior.

Extensive leaks in the six-inch steam main running to the West Group on the north side of our property made it necessary to renew this entire line during the months of October and November. All of the couplings were removed, the line welded throughout, and new pipe installed wherever it was required. Magnesia pipe covering $1\frac{1}{2}$ inches thick was used in insulating this line, which was then replaced in the 18-inch Akron split pipe conduit. The work was about ninety per cent complete on November 30. The cost of these alterations was \$26,794.41, of which \$20,000 was rendered available from the Governor's emergency fund by action of the Governor and Council. The remainder was made up by a reallocation of the money appropriated for various items under the maintenance appropriation for repairs and renewals.

An investigation showed that the six-inch steam main on the south or Harvard Street side of our property and running from the East to the West Group is in practically the same condition as the line which was replaced. It will be desirable to substitute for this entire line a new one of a larger size. This work should be done during the coming summer and an appropriation obtained for that purpose from the Legislature at its next session.

It is a pleasure to report that about 1,100 feet of six-foot angle iron fence has been erected during the months of October and November on Harvard Street, extending from Morton Street to the gate opposite the East C Building, where it meets the old stone wall. The whole of our property should be enclosed by this type of fence as soon as money can be obtained for the purpose and the work done by our limited number of employees.

The contractor for the Dorchester District has been dumping ashes throughout the year on the West Group land north of Harvard and west of Morton Street.

The new incinerator in the rear of the power house in the East Group was completed during the early months of the year.

Reference is again made to the need of permanent roadways between the East and West Groups, and the completion of roads leading to the various ward buildings.

The resignation of the assistant superintendent, Dr. E. C. Noble, referred to on another page, made it necessary to fill his position as treasurer of the Employees' Club. This was done by the assignment of the hospital treasurer, Miss Adeline J. Leary, to that responsibility. The club has continued to perform its functions to the great advantage of the hospital and the convenience of the patients, employees, and the general public. It affords an opportunity to visitors to buy lunches for themselves and others. It furnishes a reading room for employees during their hours off duty, and a place of recreation during the evening. It has been thoroughly enjoyed by the numerous employees of the hospital who have availed themselves of its advantages. The radio entertainments have been particularly enjoyed by a great many.

I regret to say that the channel of the Canterbury Branch of Stony Brook is badly obstructed again. It was cleaned out during the summer of 1926, but has received no care since that time.

An appropriation of \$180,000 was rendered available for the erection of an administration building by the Legislature during its 1928 session. It is necessary to submit the plans for all new construction to the Department of Mental Diseases, the Commission on Administration and Finance, the Governor, and the Executive Council. It was not possible to get final action on the plans for this building before the end of the fiscal year and no work can be done on it until 1929.

THE FIRE HAZARD.

I wish to refer again to the important recommendations made by the Board of Trustees of this hospital relating to fire prevention, as follows:

"1. Removing the old wooden administration building in the East Group, constituting as it does a distinct fire menace as a result of the existence of wooden stairways running from the basement to the attic, the presence of exposed electric wires and wires in wooden conduits in various parts of the building, and the necessity of housing a considerable number of persons in the attic, — a place where their lives would be placed in jeopardy by a serious fire;

"2. Providing for the removal of the old barn located a few hundred yards from the administration building above referred to, and containing a large amount of hay;

"3. Removing the other wooden buildings and sheds in this same neighborhood;

"4. Installing sprinklers and such other fire protection as may be needed to insure the safety of the six hundred and more patients in the old non-fireproof stucco buildings until such time as these buildings can be replaced by fireproof structures;

"5. Removing the old wooden farm building located in the West Group and housing in the neighborhood of twenty employees, the Building Inspector for the Department of Public Safety having refused to certify this structure for occupancy;

"6. The prompt adoption of such other measures for fire protection as may be deemed necessary by the proper authorities."

Reference should again be made to the following recommendations by the Fire Commissioner of the City of Boston in 1925: "That all the old buildings, wooden and stucco covered, should be demolished and buildings of first-class fireproof construction be erected in their stead." . . . "These recommendations which may appear extensive, are an urgent necessity and based on the nature of the occupancy, and the character of the construction which is hardly fit for persons of normal physical and mental condition."

All of the old stucco buildings, including the administration building in the West Group, the chapel in the East Group, the East A, E, and F buildings, and the West C and D buildings, should be replaced by fireproof structures. They are a source of danger to the hospital and in the event of extensive fire during the winter months, when the ground is covered with deep snow and we cannot be reached by the Fire Department of the City, could very readily lead to a serious loss of life.

DEVELOPMENT OF THE HOSPITAL.

I wish to call attention again to the fact that this hospital, intended to provide for two thousand patients, has no centrally located assembly hall large enough to provide for the needs of the hospital, no laboratory building, no industrial building, no buildings suitable for farm and other outside employees, no separate building for the care of tuberculous patients, and no reception building for the admission of new cases. This is a condition of affairs which probably does not exist in any other large hospital in Massachusetts.

Provision for accommodations for housing employees is very inadequate. The only building we have at this time for male ward employees is an attendants' cottage in the West Group, which takes care of only forty persons. Eighteen men are housed in the third floor of the West C Building, in quarters which are not fireproof and are highly undesirable; twenty men are housed in the third floor of the West D Building, where they have accommodations similar to those in the C Building; twenty-nine male employees are housed in the wards of the West D Building, in close proximity to the patients and in rooms which cannot be under proper supervision; eight men are also housed in the West G Building, which is our building for disturbed male patients. At the present time we have not rooms enough to accommodate our full number of male employees without using rooms designed originally for the care of patients. In all, between eighty and ninety employees are housed in attics which are not suitable for such purposes — an arrangement which adds materially to the difficulty of proper protection from fires.

Respectfully submitted,

NOVEMBER 30, 1928.

JAMES V. MAY, *Superintendent.*

VALUATION.

November 30, 1928.

REAL ESTATE.

Land, 233 acres	\$609,508.00
Buildings	2,587,499.21
	<hr/>
	\$3,197,007.21

PERSONAL PROPERTY.

Travel, transportation and office expense	\$775.00
Food	15,242.32
Clothing and materials	27,862.62
Furnishings and household supplies	254,640.61
Medical and general care	8,429.43
Heat, light and power	8,448.37
Farm	7,703.44
Garage, stables and grounds	6,615.95
Repairs	10,566.38
	<hr/>
	\$340,284.12

SUMMARY.

Real estate	\$3,197,007.21
Personal property	340,284.12
	<hr/>
	\$3,537,291.33

FINANCIAL REPORT.

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1928.

CASH ACCOUNT.

<i>Income.</i>		<i>Receipts.</i>	
Board of Patients:			
Reimbursing		\$114,606.54	\$114,606.54
Personal Services:			
Reimbursement from Board of Retirement			273.62
Sales:			
Travel, transportation and office expenses		\$144.69	
Food		317.52	
Clothing and materials		12.82	
Furnishings and household supplies		35.08	
Farm:			
Pigs and hogs		400.30	
Garage, stable and grounds		8.04	
Repairs, ordinary		59.40	
Total sales			977.85
Miscellaneous:			
Interest on bank balances		\$666.07	
Rent		118.00	
			784.07
Total income			\$116,642.08

MAINTENANCE.

Balance from previous year, brought forward		\$25,773.10
Appropriations, current year:		
Acts 1928, Chapter 127		828,500.00
Acts 1928, Item 446		20,000.00
Transfer		2,870.00
Total		\$877,143.10
Expenses (as analyzed below)		822,638.90
Balance reverting to Treasury of Commonwealth		\$54,504.20

Analysis of Expenses.

Personal services	\$404,786.65
Religious instruction	2,080.00
Travel, transportation and office expenses	6,713.78
Food	186,951.32
Clothing and materials	30,269.00
Furnishings and household supplies	42,434.52
Medical and general care	28,358.73
Heat, light and power	63,666.96
Farm	6,021.34
Garage, stable and grounds	5,794.68
Repairs, ordinary	16,282.21
Repairs and renewals	29,279.71
Total expenses for Maintenance	\$822,638.90

SPECIAL APPROPRIATIONS.

Balance December 1, 1927	\$178.00
Appropriations for current year	193,000.00
Total	\$193,178.00
Expended during the year (see statement below)	—
Reverting to Treasury of Commonwealth	—
Balance November 30, 1928, carried to next year	\$193,178.00

OBJECT.	Act or Resolve.	Whole Amount.	Expended During Fiscal Year.	Total Expended to Date.	Balance at End of Year.
Food trucks	1927-138	\$4,000.00	....	\$3,822.00	\$178.00
Administration building	1928-127	180,000.00	....	....	180,000.00
Sewer and water extension	1928-127	13,000.00	....	....	13,000.00
		\$197,000.00	....	\$3,822.00	\$193,178.00

Balance reverting to Treasury of the Commonwealth during year (mark item with *)	
Balance carried to next year	\$193,178.00
Total as above	\$193,178.00

PER CAPITA.

During the year the average number of inmates has been 2,245.30.
 Total cost for maintenance, \$822,638.90.
 Equal to a weekly per capita cost of \$7.0073 (52 weeks to year).
 Receipt from sales, \$977.85.
 Equal to a weekly per capita of \$0.0083.
 All other institution receipts, \$115,664.23.
 Equal to a weekly per capita of \$0.98523.
 Net weekly per capita, \$6.0137.

Respectfully submitted,

ADELINE J. LEARY, *Treasurer.*

STATISTICAL TABLES.

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION
 PRESCRIBED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1. *General Information.*

Data correct at end of hospital year, November 30, 1928.

1. Date of opening as a hospital for mental diseases, December 11, 1839.
2. Type of hospital: State, since December 1, 1908.
3. Hospital plant:

Value of hospital property:	
Real estate, including buildings	\$3,197,007.21
Personal property	340,284.12
Total	\$3,537,291.33

Total acreage of hospital property owned: 233.074 acres.
 Total acreage under cultivation during previous year: 138 acres.

4. Officers and employees:

	Actually in Service at End of Year.			Vacancies at End of Year.		
	M.	F.	T.	M.	F.	T.
Superintendents	1	0	1	0	0	0
Assistant physicians	7	4½	11½	2	½	2½
Total physicians	8	4½	12½	2	½	2½
Stewards	1	0	1	0	0	0
Resident dentists	1	0	1	0	0	0
Pharmacists	1	0	1	0	0	0
Graduate nurses	0	12	12	6	12	18
Other nurses and attendants	114	123	237	1	3	4
Occupational therapists	0	7	7	0	0	0
Social workers	0	4	4	0	2	2
All other officers and employees	88	75	163			
Total officers and employees	213	225½	438½	9	17½	26½

NOTE:—The following items, 5, 6, 7 and 8, are for the year ended September 30, 1928.

5. Census of patient population at end of year:

	Actually in Hospital.			Absent from Hospital but Still on Books.		
	M.	F.	T.	M.	F.	T.
White:						
Insane	943	1,249	2,192	77	108	185
Mental defectives	3	13	16	—	—	—
Alcoholics	1	—	1	—	—	—
All other cases	2	2	4	1	—	1
Total	949	1,264	2,213	78	108	186
Other races:						
Insane	26	27	53	5	4	9
Total	26	27	53	5	4	9
Grand Total	975	1,291	2,266	83	112	195

6. Patients under treatment in occupational-therapy classes, including physical training, on date of report
7. Other patients employed in general work of hospital on date of report
8. Average daily number of all patients actually in hospital during year

Males.	Females.	Total.
99	232	331
461	363	824
963.76	1,259.21	2,222.97

TABLE 2. *Financial Statement.*

See treasurer's report for data requested under this table.

NOTE:—The following Tables 3-19, inclusive, are for the statistical year ended September 30, 1928.

TABLE 3. *Movement of Population.*

	INSANE.			TEMPORARY CARE AND OBSERVATION.			TOTAL.	
	M.	F.	T.	M.	F.	T.	M.	F. T.
Patients on books at beginning of institution year	993	1,366	2,359	27	5	32	1,020	1,371 2,391
Admissions during the year:								
First admissions	190 ¹	221 ¹	411 ¹	40	38	78	230 ¹	259 ¹ 489 ¹
Readmissions	38 ²	43	81 ²	21	32	53	59 ²	75 134 ²
Transferred from other institutions for mental diseases	24	17	41	2 ³	—	2 ³	26	17 43
Total received during the year	252	281	533	63	70	133	315	351 666
Total under treatment during the year	1,245	1,647	2,892	90	75	165	1,335	1,722 3,057
Discharged from books during the year:								
As recovered	35	27	62	14	4	18	49	31 80
As improved	40	61	101	7	5	12	47	66 113
As unimproved	6	20	26	20	24	44	26	44 70
As without psychosis	4	2	6	17	27	44	21	29 50
Transferred to other hospitals for mental diseases	14	3	17	—	—	—	14	3 17
Died during the year	106	139	245	5	6	11	111	145 256
Status changed from temporary care of preceding year to Sec. 51, committed	—	—	—	9	1	10	9	1 10
Total discharged and died	205	252	457	72	67	139	277	319 596
Patients remaining on books at end of institution year	1,040	1,395	2,435	18	8	26	1,058	1,403 2,461

¹ This includes 3 men and 1 woman committed from temporary care of preceding year.

² This includes 6 men committed from temporary care of preceding year.

³ Section 100 case received by transfer.

TABLE 4. *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	Fathers.	Mothers.	Both Parents.	Fathers.	Mothers.	Both Parents.
United States	113	109	222	43	41	31	47	46	42
Austria	—	1	1	—	—	—	2	2	2
Canada ¹	15	22	37	22	27	19	20	23	18
Denmark	1	1	2	1	1	1	1	1	1
England	1	6	7	3	4	3	11	7	4
France	—	—	—	2	1	—	—	—	—
Germany	3	3	6	8	6	5	3	3	3
Greece	1	—	1	2	2	2	—	—	—
Ireland	28	50	78	63	64	57	92	93	85
Italy	11	7	18	12	12	1	10	10	10
Norway	1	—	1	1	1	1	—	—	—
Poland	—	1	1	1	1	1	2	2	2
Portugal	2	—	2	2	2	2	—	—	—
Russia	7	8	15	7	8	7	9	8	8
Scotland	—	2	2	1	—	—	4	4	2
South America	1	—	1	—	—	—	—	—	—
Sweden	2	4	6	3	2	2	4	4	4
Turkey in Asia	1	1	2	1	1	1	1	1	1
Wales	—	1	1	—	—	—	—	—	—
West Indies ²	—	1	1	—	—	—	1	1	1
Other countries	3	3	6	4	4	4	3	3	3
Unascertained	—	1	1	14	13	11	11	13	10
Total	190	221	411	190	190	148	221	221	196

¹ Includes Newfoundland.² Except Cuba and Porto Rico.

TABLE 5. *Citizenship of First Admissions.*

	Males.	Females.	Total.
Citizens by birth	113	114	227
Citizens by naturalization	43	43	86
Aliens	26	49	75
Citizenship unascertained	8	15	23
Total	190	221	411

TABLE 6. *Psychoses of First Admissions.*

PSYCHOSES.	M.	F.	T.	M.	F.	T.
1. Traumatic psychoses				1	—	1
2. Senile psychoses				24	61	85
3. Psychoses with cerebral arteriosclerosis				45	31	76
4. General paralysis				14	7	21
5. Psychoses with cerebral syphilis						
6. Psychoses with Huntington's chorea						
7. Psychoses with brain tumor				1	—	1
8. Psychoses with other brain or nervous diseases, total				5	1	6
Other diseases	5	1	6			
9. Alcoholic psychoses, total				19	8	27
Delirium tremens	1	—	1			
Korsakow's psychosis	5	2	7			
Acute hallucinosis	7	6	13			
Other types, acute or chronic	6	—	6			
10. Psychoses due to drugs and other exogenous toxins, total						
11. Psychoses with pellagra						
12. Psychoses with other somatic diseases, total				5	12	17
Exhaustion delirium	—	1	1			
Cardio-renal diseases	1	5	6			
Other diseases or conditions	4	6	10			
13. Manic-depressive psychoses, total				24	41	65
Manic type	4	13	17			
Depressive type	14	21	35			
Other types	6	7	13			
14. Involution melancholia				—	6	6
15. Dementia praecox (schizophrenia)				11	9	20
16. Paranoia and paranoid conditions				12	19	31
17. Epileptic psychoses				3	3	6
18. Psychoneuroses and neuroses, total				—	1	1
Neurasthenic type	—	1	1			
19. Psychoses with psychopathic personality				1	—	1
20. Psychoses with mental deficiency				3	7	10
21. Undiagnosed psychoses				18	13	31
22. Without psychosis, total				4	2	6
Alcoholism without psychosis	—	1	1			
Mental deficiency without psychosis	2	—	2			
Others	2	1	3			
Total				190	221	411

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses.*

RACE.	Total.			Traumatic.			Senile.			With cerebral arterio-sclerosis.			General paralysis.			With cerebral syphilis.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	14	10	24	-	-	-	1	3	4	2	-	2	2	-	2	-	-	-
English	6	17	23	-	-	-	1	2	3	1	-	1	-	-	-	-	-	-
French	2	2	4	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
German	7	4	11	-	-	-	1	-	1	3	2	5	-	-	-	-	-	-
Greek	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	10	9	19	-	-	-	-	2	2	1	-	1	-	-	-	-	-	-
Irish	62	98	160	-	-	-	12	28	40	14	14	28	3	3	6	-	-	-
Italian ¹	12	10	22	-	-	-	1	-	1	4	-	4	1	-	1	-	-	-
Lithuanian	3	4	7	-	-	-	1	1	2	1	-	1	-	-	-	-	-	-
Portuguese	2	-	2	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Scandinavian ²	4	5	9	-	-	-	-	2	2	1	2	3	-	-	-	-	-	-
Scotch	-	2	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Slavonic ³	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	58	47	105	-	-	-	6	18	24	15	11	26	8	4	12	-	-	-
Race unascertained	7	8	15	-	-	-	1	4	5	1	2	3	-	-	-	-	-	-
Total	190	221	411	1	-	1	24	61	85	45	31	76	14	7	21	-	-	-

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued.*

RACE.	With Huntington's chorea.			With brain tumor.			With other brain or nervous diseases.			Alcoholic.			Due to drugs and other exogenous toxins.			With pellagra.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	1	-	1	-	-	-	1	2	3	-	-	-	-	-	-
English	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
French	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish	-	-	-	-	-	-	1	-	1	11	4	15	-	-	-	-	-	-
Italian ¹	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Lithuanian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Scotch	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	-	-	-	-	-	-	3	1	4	3	1	4	-	-	-	-	-	-
Race unascertained	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Total	-	-	-	1	-	1	5	1	6	19	8	27	-	-	-	-	-	-

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued.*

RACE.	With other somatic diseases.			Manic- depressive.			Involution melan- cholia.			Dementia præcox.			Paranoia and paranoid conditions.			Epileptic psychoses.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	1	1	4	-	4	-	-	-	1	-	1	1	1	2	-	-	-
English	-	-	-	1	4	5	-	1	1	-	3	3	-	4	4	-	-	-
French	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	-	-	-
German	-	-	-	1	1	2	-	-	-	-	-	-	-	1	1	1	-	1
Greek	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	-	1	1	3	4	7	-	-	-	4	1	5	-	-	-	-	-	-
Irish	5	4	9	4	20	24	-	3	3	1	4	5	4	9	13	-	1	1
Italian ¹	-	1	1	1	6	7	-	-	-	-	-	-	2	1	3	-	-	-
Lithuanian	-	-	-	-	1	1	-	-	-	-	-	-	1	1	2	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Scotch	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	1	1	-	-	-	-	-	-	1	1	2	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	-	4	4	8	3	11	-	2	2	5	-	5	2	1	3	2	2	4
Race unascertained	-	1	1	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Total	5	12	17	24	41	65	-	6	6	11	9	20	12	19	31	3	3	6

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Concluded.*

RACE.	Psycho- neuroses and neuroses.			With psycho- pathic personality.			With mental deficiency.			Un- diagnosed psychoses.			Without psychosis.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	1	3	4	-	-	-
English	-	-	-	-	-	-	2	2	2	2	1	3	-	-	-
French	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
German	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Greek	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Hebrew	-	-	-	-	-	-	1	-	1	1	-	1	-	1	1
Irish	-	-	-	-	-	-	2	3	5	4	4	8	1	1	2
Italian ¹	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-
Lithuanian	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-
Scotch	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Slavonic ³	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Mixed	-	-	-	1	-	1	-	-	-	3	-	3	2	-	2
Race unascertained	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-
Total	-	1	1	1	-	1	3	7	10	18	13	31	4	2	6

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Under 15 years.			15-19 years.			20-24 years.			25-29 years.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
2. Senile	24	61	85	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	45	31	76	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	14	7	21	-	-	-	-	-	-	-	-	-	2	-	2
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	5	1	6	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	19	8	27	-	-	-	-	-	-	-	-	-	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	5	12	17	-	1	1	1	-	1	-	1	1	-	-	-
13. Manic-depressive	24	41	65	-	-	-	3	4	7	4	6	10	2	4	6
14. Involution melancholia	-	6	6	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	11	9	20	-	-	-	1	-	1	6	2	8	3	3	6
16. Paranoia and paranoid conditions	12	19	31	-	-	-	-	-	-	-	-	-	1	-	1
17. Epileptic psychoses	3	3	6	-	-	-	1	-	1	1	1	2	-	-	-
18. Psychoneuroses and neuroses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	3	7	10	-	-	-	-	-	-	-	-	-	1	1	2
21. Undiagnosed psychoses	18	13	31	-	-	-	-	-	-	1	-	1	-	1	1
22. Without psychosis	4	2	6	-	-	-	2	-	2	1	-	1	1	1	2
Total	190	221	411	-	1	1	9	4	13	13	10	23	11	10	21

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses — Continued.*

PSYCHOSES.	30-34 years.			35-39 years.			40-44 years.			45-49 years.			50-54 years.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
3. With cerebral arteriosclerosis	-	-	-	-	1	1	-	-	-	1	1	2	3	-	3
4. General paralysis	1	-	1	-	-	-	1	2	3	1	1	2	3	1	4
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	1	-	1	-	-	-	1	-	1	1	1	2
9. Alcoholic	-	3	3	-	-	-	6	1	7	6	2	8	2	-	2
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	1	1	-	1	1	1	1	2	-	4	4
13. Manic-depressive	4	5	9	2	8	10	1	5	6	1	4	5	4	1	5
14. Involution melancholia	-	-	-	-	-	-	-	-	-	-	2	2	-	1	1
15. Dementia praecox	1	1	2	-	3	3	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions	4	-	4	1	1	2	2	1	3	1	6	7	1	5	6
17. Epileptic psychoses	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
19. With psychopathic personality	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	-	1	1	3	4	-	-	-	-	-	-	-	1	1
21. Undiagnosed psychoses	3	3	6	2	1	3	3	-	3	1	1	2	1	2	3
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	15	12	27	7	19	26	15	10	25	13	19	32	16	16	32

TABLE S. *Age of First Admissions Classified with Reference to Principal Psychoses — Concluded.*

PSYCHOSES.	55-59 years.			60-64 years.			65-69 years.			70 years and over.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	2	2	2	12	14	2	9	11	19	38	57	-	-	-
3. With cerebral arteriosclerosis	5	6	11	6	6	12	11	3	14	19	14	33	-	-	-
4. General paralysis	3	1	4	2	2	4	1	-	1	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-
9. Alcoholic	-	-	-	3	1	4	-	1	1	1	-	1	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	1	-	1	-	-	-	2	1	3	-	2	2	-	-	-
13. Manic-depressive	3	1	4	-	2	2	-	-	-	-	1	1	-	-	-
14. Involution melancholia	-	2	2	-	1	1	-	-	-	-	-	-	-	-	-
15. Dementia praecox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions	-	1	1	1	4	5	1	1	2	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	3	1	4	2	1	3	1	-	1	1	3	4	-	-	-
22. Without psychosis	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Total	15	16	31	16	31	47	19	15	34	41	58	99	-	-	-

TABLE 9. *Degree of Education of First Admissions Classified with Reference to Principal Psychoses.*

Psychoses.	Total.			Illiterate.			Reads and Writes. ¹		Common School.		High School.		College.		Unascertained.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.
1. Traumatic	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	24	61	85	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	45	31	76	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	14	7	21	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	19	8	27	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	5	12	17	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	24	41	65	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox	11	9	20	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions	12	19	31	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	18	13	31	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	190	221	411	13	24	37	10	14	24	106	138	244	28	28	56	40

¹ Includes those who did not complete fourth grade in school.

TABLE 10. *Environment of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Urban.			Rural.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	-	1	1	-	1	-	-	-	-	-	-
2. Senile	24	61	85	24	61	85	-	-	-	-	-	-
3. With cerebral arteriosclerosis	45	31	76	45	31	76	-	-	-	-	-	-
4. General paralysis	14	7	21	13	7	20	1	-	1	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	1	-	1	1	-	1	-	-	-	-	-	-
8. With other brain or nervous diseases	5	1	6	5	1	6	-	-	-	-	-	-
9. Alcoholic	19	8	27	19	8	27	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	5	12	17	5	12	17	-	-	-	-	-	-
13. Manic-depressive	24	41	65	24	41	65	-	-	-	-	-	-
14. Involution melancholia	-	6	6	-	6	6	-	-	-	-	-	-
15. Dementia praecox	11	9	20	11	9	20	-	-	-	-	-	-
16. Paranoia and paranoid conditions	12	19	31	12	18	30	-	-	-	1	1	1
17. Epileptic psychoses	3	3	6	3	3	6	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	1	1	-	1	1	-	-	-	-	-	-
19. With psychopathic personality	1	-	1	1	-	1	-	-	-	-	-	-
20. With mental deficiency	3	7	10	3	7	10	-	-	-	-	-	-
21. Undiagnosed psychoses	18	13	31	18	13	31	-	-	-	-	-	-
22. Without psychosis	4	2	6	4	2	6	-	-	-	-	-	-
Total	190	221	411	189	220	409	1	-	1	-	1	1

TABLE 11. *Economic Condition of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Dependent.			Marginal.			Comfortable.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
2. Senile	24	61	85	6	24	30	14	36	50	1	-	1	3	1	4
3. With cerebral arteriosclerosis	45	31	76	14	8	22	26	23	49	4	-	4	1	-	1
4. General paralysis	14	7	21	2	-	2	10	6	16	2	-	2	-	1	1
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
8. With other brain or nervous diseases	5	1	6	1	-	1	4	1	5	-	-	-	-	-	-
9. Alcoholic	19	8	27	-	2	2	18	6	24	-	-	-	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	5	12	17	2	1	3	3	10	13	-	-	-	-	1	1
13. Manic-depressive	24	41	65	1	2	3	20	38	58	2	1	3	1	-	1
14. Involution melancholia	-	6	6	-	-	-	-	6	6	-	-	-	-	-	-
15. Dementia praecox	11	9	20	2	-	2	9	9	18	-	-	-	-	-	-
16. Paranoia and paranoid conditions	12	19	31	-	-	-	11	17	28	-	-	-	1	2	3
17. Epileptic psychoses	3	3	6	-	-	-	3	3	6	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
19. With psychopathic personality	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
20. With mental deficiency	3	7	10	-	4	4	3	3	6	-	-	-	-	-	-
21. Undiagnosed psychoses	18	13	31	1	8	9	16	3	19	-	-	-	1	2	3
22. Without psychosis	4	2	6	1	-	1	3	1	4	-	-	-	-	1	1
Total	190	221	411	30	49	79	143	163	306	9	1	10	8	8	16

TABLE 12. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Abstinent.			Temperate.			Intemperate.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
2. Senile	24	61	85	3	32	35	10	15	25	5	1	6	6	13	19
3. With cerebral arteriosclerosis	45	31	76	5	19	24	19	8	27	14	1	15	7	3	10
4. General paralysis	14	7	21	3	3	6	7	1	8	3	3	6	1	—	1
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
8. With other brain or nervous diseases	5	1	6	1	—	1	2	1	3	2	—	2	—	—	—
9. Alcoholic	19	8	27	—	—	—	—	—	—	19	8	27	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	5	12	17	1	8	9	3	1	4	—	1	1	1	2	3
13. Manic-depressive	24	41	65	13	22	35	10	17	27	1	1	2	—	1	1
14. Involution melancholia	—	6	6	—	6	6	—	—	—	—	—	—	—	—	—
15. Dementia praecox	11	9	20	10	4	14	1	4	5	—	—	—	—	1	1
16. Paranoia and paranoid conditions	12	19	31	2	7	9	7	7	14	3	4	7	—	1	1
17. Epileptic psychoses	3	3	6	2	2	4	1	1	2	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
19. With psychopathic personality	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
20. With mental deficiency	3	7	10	2	3	5	1	3	4	—	1	1	—	—	—
21. Undiagnosed psychoses	18	13	31	5	5	10	4	5	9	5	1	6	4	2	6
22. Without psychosis	4	2	6	3	—	3	—	1	1	1	1	2	—	—	—
Total	190	221	411	51	111	162	65	65	130	54	22	76	20	23	43

TABLE 13. *Marital Condition of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Single.			Married.		Widowed.		Separated.		Divorced.		Unascertained.						
	M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.		T.					
1. Traumatic	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-						
2. Senile	24	61	85	2	16	18	9	15	24	13	26	39	-	-	-						
3. With cerebral arteriosclerosis	45	31	76	7	14	21	21	6	27	15	10	25	1	2	-						
4. General paralysis	14	7	21	2	-	2	10	3	13	2	4	6	1	1	1						
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
7. With brain tumor	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-						
8. With other brain or nervous diseases	5	1	6	1	1	2	4	-	4	-	-	-	-	-	-						
9. Alcoholic	19	8	27	11	1	12	6	6	12	2	-	2	1	1	-						
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
12. With other somatic diseases	5	12	17	2	3	5	-	6	6	3	2	5	-	-	-						
13. Manic-depressive	24	41	65	9	15	24	14	20	34	-	6	6	-	-	1						
14. Involution melancholia	-	6	6	-	2	2	3	3	-	1	1	-	-	-	1						
15. Dementia praecox	11	9	20	10	7	17	1	2	3	-	-	-	-	-	-						
16. Paranoia and paranoid conditions	12	19	31	3	4	7	6	11	17	-	4	4	-	2	1						
17. Epileptic psychoses	3	3	6	3	1	4	1	1	1	-	1	1	-	-	-						
18. Psychoneuroses and neuroses	-	1	1	1	-	1	-	-	-	-	1	1	-	-	-						
19. With psychopathic personality	3	7	10	3	3	5	-	2	2	-	-	-	-	-	-						
20. With mental deficiency	18	13	31	6	3	9	8	4	12	4	4	8	-	-	-						
21. Undiagnosed psychoses	-	2	6	4	-	4	-	1	1	-	-	-	2	2	-						
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
*Total	190	221	411	64	72	136	81	80	161	39	59	98	1	6	7	2	2	4	3	2	5

TABLE 14. Psychoses of Readmissions.

PSYCHOSES.	Males.	Females.	Total.
1. Traumatic psychoses	1	—	1
2. Senile psychoses	—	3	3
3. Psychoses with cerebral arteriosclerosis	2	2	4
4. General paralysis	—	—	—
5. Psychoses with cerebral syphilis	—	1	1
6. Psychoses with Huntington's chorea	—	—	—
7. Psychoses with brain tumor	—	—	—
8. Psychoses with other brain or nervous diseases	—	—	—
9. Alcoholic psychoses	4	2	6
10. Psychoses due to drugs and other exogenous toxins	—	—	—
11. Psychoses with pellagra	—	—	—
12. Psychoses with other somatic diseases	—	—	—
13. Manic-depressive psychoses	14	19	33
14. Involution melancholia	—	—	—
15. Dementia praecox	5	8	13
16. Paranoia and paranoid conditions	—	4	4
17. Epileptic psychoses	1	1	2
18. Psychoneuroses and neuroses	—	—	—
19. Psychoses with psychopathic personality	2	—	2
20. Psychoses with mental deficiency	4	1	5
21. Undiagnosed psychoses	5	2	7
22. Without psychosis	—	—	—
Total	38	43	81

TABLE 15. Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge.

PSYCHOSES.	Total.			Recovered.			Improved.			Unimproved.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	2	—	2	1	—	1	—	—	—	1	—	1
2. Senile	2	6	8	—	—	—	2	3	5	—	3	3
3. With cerebral arteriosclerosis	10	6	16	—	—	—	9	4	13	1	2	3
4. General paralysis	4	1	5	—	—	—	3	1	4	1	—	1
5. With cerebral syphilis	—	1	1	—	—	—	—	1	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	1	1	—	—	—	—	1	1	—	—	—
9. Alcoholic	12	5	17	9	3	12	3	1	4	—	1	1
10. Due to drugs and other exogenous toxins	2	—	2	2	—	2	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	3	3	—	3	3	—	—	—	—	—	—
13. Manic-depressive	24	49	73	18	18	36	6	28	34	—	3	3
14. Involution melancholia	4	3	7	—	—	—	4	1	5	—	2	2
15. Dementia praecox	9	6	15	—	—	—	7	6	13	2	—	2
16. Paranoia or paranoid conditions	3	14	17	—	1	1	3	9	12	—	4	4
17. Epileptic psychoses	—	2	2	—	1	1	—	—	—	—	1	1
18. Psychoneuroses and neuroses	1	1	2	—	1	1	1	—	1	—	—	—
19. With psychopathic personality	3	—	3	1	—	1	2	—	2	—	—	—
20. With mental deficiency	3	7	10	3	—	3	—	4	4	—	3	3
21. Undiagnosed psychoses	2	3	5	1	—	1	—	2	2	1	1	2
22. Without psychosis	4	2	6	—	—	—	—	—	—	—	—	—
Total	85	110	195	35	27	62	40	61	101	6	20	26

TABLE 16. *Causes of Death of Patients Classified with Reference to Principal Psychoses.*

CAUSES OF DEATH.	Total.			Senile.			With cerebral arterio-sclerosis.			General paralysis.			Alcoholic.			Manic-depressive.			Involution melancholia.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Epidemic, Endemic and Infectious Diseases.</i>																					
Erysipelas	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Tuberculosis of the respiratory system	10	13	23	1	2	3	-	-	-	-	2	2	-	-	-	-	2	2	-	1	1
Tuberculosis of other organs	1	-	1	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
<i>General Diseases Not Included in Class I.</i>																					
Cancer and other malignant tumors	-	3	3	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Nervous System.</i>																					
Meningitis (non-epidemic)	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebral hemorrhage, apoplexy	5	14	19	1	2	3	1	1	1	1	1	1	-	-	-	-	1	1	-	-	-
General paralysis of the insane	8	3	11	-	-	-	-	-	-	8	3	11	-	-	-	-	-	-	-	-	-
Epilepsy	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of the nervous system	2	-	2	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
<i>Diseases of the Circulatory System.</i>																					
Endocarditis and myocarditis	32	28	60	6	11	17	11	4	15	-	-	-	3	-	3	3	3	6	1	2	3
Arteriosclerosis of the arteries	18	17	35	-	5	11	11	9	20	-	-	-	-	-	-	1	1	1	-	-	-
Other diseases of the respiratory system	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
<i>Diseases of the Respiratory System.</i>																					
Bronchopneumonia	22	47	69	6	22	28	6	8	14	1	6	7	2	1	3	1	3	4	-	1	-
Pleurisy	2	4	6	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of the respiratory system (tuberculosis excepted)	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Digestive System.</i>																					
Diseases of the pharynx and tonsils	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Diarrhea and enteritis	2	2	4	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Hernia and intestinal obstruction	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of digestive system (cancer and tuberculosis excepted)	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia.</i>																					
Diseases of bladder	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other external causes	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	106	139	245	21	47	68	32	30	62	10	11	21	8	1	9	5	12	17	2	3	5

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses — Concluded.

CAUSES OF DEATH.	Dementia praecox.		Paranoia and paranoid conditions.		Epileptic psychoses.		Psycho-neuroses and neuroses.		With psychopathic personality.		With mental deficiency.		All other psychoses. ¹	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Epidemic, Endemic and Infectious Diseases.</i>														
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system	4	6	—	—	—	—	—	—	—	—	—	—	4	—
Tuberculosis of other organs	1	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>General Diseases Not Included in Class I.</i>														
Cancer and other malignant tumors	—	2	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System.</i>														
Meningitis (non-epidemic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	—	—	—	1	—	—	—	—	—	—	—	—	1	1
General paralysis of the insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system	—	—	—	—	—	—	—	—	—	—	—	—	1	—
<i>Diseases of the Circulatory System.</i>														
Endocarditis and myocarditis	1	3	—	1	—	—	—	—	—	—	2	1	4	8
Arteriosclerosis	1	—	—	—	—	1	—	—	—	—	—	—	1	—
Other diseases of the arteries	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System.</i>														
Pneumonia	2	1	—	2	1	—	—	—	—	—	—	—	3	6
Lobar pneumonia	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Pleurisy	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Digestive System.</i>														
Diseases of the pharynx and tonsils	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted)	1	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia.</i>														
Diseases of bladder	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>External Causes.</i>														
Other external causes	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Total	10	17	1	5	2	3	—	—	—	—	3	1	12	21

¹ Includes group 22, "without psychosis."

TABLE 17. *Age of Patients at Time of Death Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Under 15 years.		15-19 years.		20-24 years.		25-29 years.		30-34 years.		35-39 years.		40-44 years.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile	21	47	68	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. With cerebral arteriosclerosis	32	30	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. General paralysis	10	11	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. With cerebral syphilis	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Alcoholic	8	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases	5	5	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Manic-depressive	5	12	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Involution melancholia	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Dementia praecox	10	17	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Paranoia and paranoid conditions	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Epileptic psychoses	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. With mental deficiency	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	106	139	245	—	—	—	1	—	1	—	—	2	2	2	3	5	5	6	11

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses — Concluded.

PSYCHOSES.	45-49 years.		50-54 years.		55-59 years.		60-64 years.		65-69 years.		70 years and over.		Unascertained.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic	-	-	1	-	1	-	-	7	2	7	17	-	-	-
2. Senile	-	-	-	-	-	-	-	7	-	-	33	50	-	-
3. With cerebral arteriosclerosis	-	-	1	1	2	2	7	13	9	10	15	34	-	-
4. General paralysis	4	4	1	4	1	5	2	2	1	1	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	1	1	-	1	-	-
7. With brain tumor	1	-	-	-	1	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	1	1	3	1	3	1	1	1	2	2	2	-	-
9. Alcoholic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	1	-	-	-	2	-	-	-	-	-	1	1	-	-
12. With other somatic diseases	-	-	2	-	2	1	-	2	1	2	2	4	-	-
13. Manic-depressive	1	1	1	1	1	1	-	2	-	-	-	-	-	-
14. Involution melancholia	1	1	-	2	-	-	-	-	-	-	3	6	-	-
15. Dementia praecox	1	1	4	4	1	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions	-	-	-	2	2	-	-	2	-	2	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	1	-	-	-
20. With mental deficiency	-	-	-	-	-	-	1	-	-	-	-	1	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	9	6	5	12	11	6	10	20	15	14	40	59	-	-
				17			30		29		99			

TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses.*

PSYCHOSES.	Total.			Less than 1 month.		1-3 months.		4-7 months.		8-12 months.		1-2 years.		3-4 years.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	21	47	68	—	8	12	—	2	5	7	—	9	5	3	—
3. With cerebral arteriosclerosis	32	30	62	7	11	18	10	9	2	11	2	7	4	1	1
4. General paralysis	10	11	21	1	—	—	2	3	—	5	1	—	2	3	5
5. With cerebral syphilis	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	2	7	1	—	1	—	1	—	—	—	1	2	1	2
9. Alcoholic	—	1	9	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	5	10	15	2	1	3	2	4	—	4	1	1	—	1	1
13. Manic-depressive	5	12	17	1	3	4	2	1	—	3	—	2	—	—	—
14. Involution melancholia	2	3	5	1	—	—	1	—	—	1	—	1	2	2	2
15. Dementia praecox	10	17	27	1	—	—	1	—	—	1	—	1	1	—	—
16. Paranoia and paranoid conditions	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses	—	3	3	—	—	—	—	—	—	1	1	2	1	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	1	4	—	—	—	—	—	—	—	—	1	—	1	1
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	106	139	245	17	23	40	24	24	48	14	11	25	17	24	41
							9	7	16				9	12	21

TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses — Concluded.*

PSYCHOSES.	5-6 years.		7-8 years.		9-10 years.		11-12 years.		13-14 years.		15-19 years.		20 years and over.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	4	-	1	-	2	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	1	-	-	-	1	-	-	-	-	-	-	-	-
4. General paralysis	-	1	-	-	-	1	-	-	-	-	-	-	1	1
5. With cerebral syphilis	-	1	-	-	-	-	-	-	-	1	-	-	-	-
6. With Huntington's chorea	-	-	-	1	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	1	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	-	-	-	-	1	-	-	-	1	-	1	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	1	-	-	-	1	1	2	-	-	1	-	1	1
14. Involution melancholia	-	1	-	1	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	1	5	-	-	-	2	1	1	3	-	6	6	2	4
16. Paranoia and paranoid conditions	-	-	-	-	-	1	-	-	-	-	1	1	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	1	-	-	-	-	-	-	-	1	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	13	2	4	2	6	1	2	4	1	4	8	2	6

TABLE 19. *Family Care Department.*

	Males.	Females.	Total.
Remaining in Family Care Sept. 30, 1927	—	10	10
On visit from Family Care Sept. 30, 1927	—	—	—
Admitted during the year	—	5	5
Whole number of cases within the year	—	15	15
Dismissed within the year	—	8	8
Returned to institution	—	6	6
Discharged	—	2	2
On visit	—	3	3
Returned from visit	—	1	1
Remaining in Family Care Sept. 30, 1928 (inc. 2 on visit) ¹	—	9	9
Supported by the State	—	9	9
Private	—	—	—
Self-supporting	—	—	—
Number of different persons within the year	—	5	5
Number of different persons admitted	—	5	5
Number of different persons dismissed	—	5	5
Average daily number in Family Care during the year	—	9.63	9.63
Supported by the State	—	9.63	9.63
Private	—	—	—
Self-Supporting	—	—	—
Visit from Family Care ¹	—	—	—
Went out on visit during the year	—	3	3
Returned from visit during the year	—	1	1
On visit from Family Care Sept. 30, 1928	—	2	2